

COPY

June 9, 2016

Suzanne Fross

Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

Heartland Family Service (HFS) requests consideration of this proposal to be a Certified Community Behavioral Health Clinic (CCBHC). HFS provides services in both rural and urban communities. HFS currently provides mental health and substance abuse treatment, Assertive Community Treatment, Integrated Health Home, and Mental Health Crisis Response services in southwest Iowa. HFS also provides Medication Management and Psychiatric Evaluations. In addition, we provide some Medication Assisted Treatment services which have expansion capability.

HFS proposes to build on its currently available services and its network of collaborating partners to meet the requirements of a CCBHC. HFS has experience with multiple state and federal contracts for services provision, and receives Substance Abuse Block Grant funding to provide services in the Pottawattamie, Mills, and Harrison County catchment area.

Sincerely,



Mary O'Neill, Interim Chief Program Officer
Heartland Family Service
515 East Broadway
Council Bluffs, IA 51501
712-322-1407
moneill@heartlandfamilyservice.org

Table of Contents

Technical Proposal

Section 1.....	1
Section 2.....	2
Section 3.....	3
Section 4.....	9
Required Section 4 Attachments	
CLAS Policy.....	25
Staffing Plan.....	30
Training Policies.....	34
Intake Forms.....	45
Screening Tools.....	55
Sliding Fee Scale.....	87
Disaster and Emergency Plans.....	88
Medication Assisted Treatment.....	94
Letters of Support.....	95
Section 5.....	104
Required Section 4 Attachments	
Reference Letters.....	111
Subcontractor Policy.....	114
IRS Documentation.....	116
COA Certificate.....	118
Iowa Treatment License.....	119
Organization Charts.....	120
Resumes.....	122

Financials

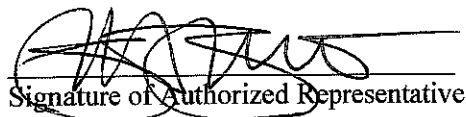
Audited Financials.....	143
-------------------------	-----

Attachment A: Release of Information
(Return this completed form behind Tab 3 of the Bid Proposal.)

HEARTLAND FAMILY SERVICE (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Heartland Family Service
Printed Name of Bidder Organization


Signature of Authorized Representative

6/7/2016
Date

John H. Jeanetta, CEO & President
Printed Name

Attachment B: Primary Bidder Detail Form & Certification

Return this completed form behind Tab 3 of the Proposal. If a section does not apply, label it "not applicable".

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Shannon Mahnke, Director of Iowa Behavioral Health & Family Works
Address:	515 East Broadway, Council Bluffs, IA 51503-4419
Tel:	712-322-1407
Fax:	712-322-6833
E-mail:	smahnke@heartlandfamilyservice.org

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Heartland Family Service
"Doing Business As" names, assumed names, or other operating names:	Not Applicable
Parent Corporation, if any:	Not Applicable
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	Non-Profit 501(c)(3)
State of Incorporation/organization:	Nebraska
Primary Address:	2101 South 42 nd Street
Tel:	402-553-3000
Fax:	402-553-3133
Local Address (if any):	Heartland Family Service H. Lee Gendler Center 515 East Broadway Council Bluffs, IA 51503-4419
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	Heartland Family Service Charles E. Lakin Campus Office 1515 Avenue J Council Bluffs, IA 51501-1170
Number of Employees:	307 Full Time/137 Part Time
Number of Years in Business:	140
Primary Focus of Business:	Child & Family, Counseling & Prevention, and Housing and Financial Stability
Federal Tax ID:	47-0390618
Bidder's Accounting Firm:	FrankelZacharia
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	July 8, 2015
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}	Yes

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	Statutory Basis for Confidentiality	Description/Explanation

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is
Heartland Family Service			

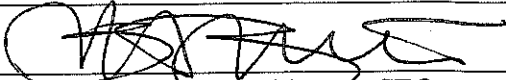
			Accepted

BID PROPOSAL CERTIFICATION

By signing below, Bidder certifies that:

1. Bidder accepts and will comply with all Contract Terms and Conditions contained in the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification.
2. Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein.
3. Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
4. No cost or pricing information has been included in the Bidder's Technical Proposal;
5. Bidder has received any amendments to this RFP issued by the Agency;
6. Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;
7. The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive agreements outlined above;
8. Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal;
9. Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
10. Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract.
11. Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier; and,
12. Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at:
<http://www.state.ia.us/tax/business/business.html>.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	John H. Jeanetta, President & CEO
Date:	6/7/2016

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder (“Primary Bidder”):	Heartland Family Service
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Diana Meadors
Address:	1941 S. 42 nd Street, Omaha, NE 68105
Tel:	402-341-6220
Fax:	402-241-6218
E-mail:	dmeadors@baartprograms.com

Subcontractor Detail	
Subcontractor Legal Name (“Subcontractor”):	BAART Community Healthcare, Inc.
“Doing Business As” names, assumed names, or other operating names:	BAART Omaha
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corporation
State of Incorporation/organization:	California
Primary Address:	1145 Market Street, 10 th Floor, San Francisco, CA 94103
Tel:	402-341-6220
Fax:	
Local Address (if any):	1941 S. 42 nd St. Suite 210, Omaha, NE 68105
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	
Number of Years in Business:	39
Primary Focus of Business:	Provision of Medication Assisted Treatment for Substance Use Disorder Treatment
Federal Tax ID:	94-2415855
Subcontractor’s Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	Currently serving 24 MAT patients but they may increase per HFS being awarded the Grant.
General Scope of Work to be performed by this Subcontractor	
Provision of Methadone services for substance abuse treatment.	
Detail the Subcontractor’s qualifications for performing this scope of work	
BAART Community Healthcare is currently a licensed methadone program in the state of NE providing services for 24 Iowa residents that live closer to Omaha than to the Iowa Methadone clinics. BAART is CARF accredited and has been in business for nearly 40 years. We have been in compliance with state and Federal regulations pertaining to MAT and will continue to serve both the Nebraska and Iowa	

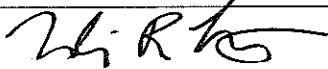
population.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Nadine Robbins-Laurent, COO
Date:	06/14/16

3.2.4 Information to Include Behind Tab 4: Bidder's Approach to Meeting Deliverables.

3.2.4.1 The bidder shall address each Deliverable that the successful contractor will perform as listed in Section 1.3 (Scope of Work) by first restating the Deliverable from the RFP and then detailing the bidder's planned approach to meeting each contractor Deliverable immediately after the restated text. Bid responses should provide sufficient detail so that the Agency can understand and evaluate the bidder's approach, and should not merely repeat the Deliverable.

Scope of Work deliverables:

1.3 Scope of Work.

The Contractor shall operate the CCBHC as described by SAMHSA in the Clinic Criteria, as required by the Scope of Work, and the Agency's Certification Process, the Clinic Criteria and Agency's Certification.

Heartland Family Service (HFS) will assemble a CCBHC Team to address all of the deliverables for a certified CCBHC, including the Clinic Criteria and the Certification Process. HFS has experience in meeting requirements and deliverables with program implementations.

1.3.1 Deliverables, Performance Measures, and Monitoring Activities

The Contractor shall provide the following:

1.3.1.1 Staffing and Needs Assessment: The Contractor shall meet all staffing requirements outlined in sections 1.A through 1.D of the Clinic Criteria.

HFS will meet all staffing requirements outlined in the Clinic Criteria. This is inclusive of the general staffing requirements, licensure and credentialing, cultural competence and other training, and linguistic competence. HFS has a well-developed Culture of Inclusion program which addresses cultural competence needs of the agency, a Culture of Inclusion annual training requirement, and a policy related to Culturally and Linguistically Appropriate Services (CLAS) Standards, which is attached. HFS will form a team to address the needs and steps associated with staffing and other requirements if selected to be a CCBHC. HFS will work with the Agency to update the Needs Assessment.

1.3.1.1.1 Catchment Area Description: The Contractor shall identify the location of the proposed CCBHC clinic and provide a description of the clinic's proposed catchment area including, but not limited to:

HFS will serve the catchment area including Harrison, Mills, and Pottawattamie Counties in southwest Iowa. Please see the attached catchment area description in item 3.2.4.2.

1.3.1.1.2 Needs Assessment: The Contractor shall provide any additional requested information to the Agency during the Agency's needs assessment process, which shall be completed during the Certification Process. During the Demonstration Program period, the Contractor shall update the Agency's needs assessment, publicly share it within the geographic catchment area, and submit to the Agency for approval by July 1, 2018.

Heartland Family Service (HFS) will provide any information requested by the Agency during the needs assessment process. HFS will also update the needs assessment, share it with the catchment area, and submit it for approval prior to July 1, 2018.

1.3.1.1.3 Staffing Plan: As part of the Certification Process, the Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. During the Demonstration Program period, the Contractor shall update the staffing plan and submit to the Agency for approval by July 1, 2018. The proposed staffing plan shall identify any additional staff the Contractor plans to hire to meet certification standards. As required by Clinic Criteria section 1.b.2 the Agency has identified the following staff the CCBHC will employ directly or through DCO:

- Certified Substance Use Disorder Counselor (directly)
- Licensed Mental Health Professional (directly)
- Licensed Psychiatrist or Prescriber (directly)
- Family Peer Support Specialist (directly or DCO)
- MAT prescriber (directly or DCO as specified in the RFP)
- Peer Support Specialist (directly or DCO)
- Peer Recovery Coach (directly or DCO)
- IHH care coordination team (directly or DCO)
- Substance Use Disorder Case Management team (directly or DCO)
- Assertive Community Treatment (ACT) Team (directly or DCO)
- Psychiatric Rehabilitation Approach provider (directly or DCO)

HFS will submit a staffing plan as required. An initial draft of a staffing plan is attached to this proposal.

1.3.1.1.4 CCBHC Training Plan: The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016. The final training plan shall identify how all CCBHC staff, including contracted staff and providers at DCOs who have contact with individuals receiving CCBHC services and their families, are trained to meet the consumer population's cultural, linguistic, and treatment needs. The training plan shall include, but is not limited to, new employee orientation, cultural competency, trainings on needs of specific populations including veterans, Trauma-Informed Care and suicide prevention and suicide response. The plan shall include how the Contractor will incorporate additional trainings to meet Clinic Criteria.

HFS will create and submit a training plan as required. HFS has current training requirements, including new employee orientation, ongoing clinical training, and ongoing diversity and cultural competence training requirements each year. HFS will expand on current training procedures as necessary and include DCO's. Please see the attached training plans and policies which HFS currently utilizes.

1.3.1.2 Availability and Accessibility of Services: The Contractor shall meet the availability and accessibility standards in 2.A through 2.E of the Clinic Criteria.

1.3.1.2.1 The Contractor shall submit to the Agency current access timeframe data regarding Emergency, Urgent, and Routine needs as defined in section 2.b.1 of the Clinic Criteria on a quarterly basis during the Demonstration period. The first data submission is due on the 20th of the month following the first 3 months of operation of the CCBHC and every 3 months afterward.

HFS will submit the timeframe data as requested. HFS currently has regular office hours of 8:30AM to 5:00PM Monday through Friday. Therapeutic counseling and groups meet until 8:00PM Monday through Thursday. In addition, crisis services are available for some programs 24/7 through the use of an crisis phone number, and the Mental Health Crisis Response Team.

1.3.1.3 Care Coordination: The Contractor shall provide Care Coordination services compliant with sections 3.A through 3.D in the Clinic Criteria. The CCBHC Care Coordination Chart located in the

bidder's library also describes the types of Care Coordination required of a CCBHC. The Contractor shall directly provide Care Coordination for all CCBHC Individuals and shall directly provide or contract with a Medicaid-enrolled Integrated Health Home to provide Care Coordination for Individuals with a Serious Emotional Disturbance or a Serious Mental Illness. Care Coordination is a required activity for all Individuals served by the CCBHC, regardless of insurance coverage. Care coordination is not a billable service under the CCBHC reimbursement structure. Costs of care coordination for CCBHC Individuals not eligible for IHH per member per month payments can be included in the CCBHC cost report.

HFS currently provides Care Coordination in its Substance Abuse, ACT, IHH, and Gambling Treatment Programs. HFS will expand on those services and assure that Care Coordination will be provided in accordance with the Clinic Criteria.

1.3.1.3.1 The Contractor shall have a policy establishing Care Coordination responsibilities with other Care Coordination and case management entities when an Individual receives case management or Care Coordination services through an agency that is outside the CCBHC or its DCO. The policy shall be submitted to the Agency for review and approval by September 15, 2016 as part of the certification process.

The policy will be submitted as required. HFS currently has Care Coordination processes established for our IHH services, substance use disorder treatment, and ACT services. HFS will expand on those processes and policies and update them to include CCBHC requirements.

1.3.1.3.2 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 2018. The Contractor shall implement the Agency-approved plan by October 1, 2018.

HFS will submit the plan as required in Clinic Criteria. HFS currently uses an electronic health record. HFS has an existing relationship with a Federally Qualified Health Clinic in Council Bluffs (All Care Health Clinic), and will assure that Care Coordination with All Care meets standards. HFS will work with additional Health Clinics in rural areas as needed for client services.

1.3.1.3.3 The Contractor shall submit to the Agency a list of all agencies that the Contractor has executed Care Coordination agreements with during the Demonstration Program period. Care Coordination lists are due on January 3, 2018 and January 3 2019.

The HFS CCBHC Team will submit the list as required.

1.3.1.4 Contracting with Designated Collaborating Organizations: The Contractor shall establish a Formal Relationship with any Designated Collaborating Organization (DCO) that will provide any of the following required services: ACT, Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, MAT, Peer Supports, Peer Counseling and Family/Caregiver Supports, Psychiatric Rehabilitation, and Integrated Health Home care coordination.

1.3.1.4.1 The Contractor shall provide copies of formal DCO agreements to the Agency by September 15, 2016 and when revised, terminated, or added.

HFS and its CCBHC Team will provide copies of formal agreements as required.

1.3.1.4.2 The Contractor shall certify by September 15, 2016 that all DCO's providing substance use disorder services are agencies funded by the IDPH Substance Abuse Prevention and Treatment Block Grant.

HFS will certify that all DCO's providing substance use disorder services are agencies funded by the IDPH Substance Abuse Prevention and Treatment Block Grant.

1.3.1.5 CCBHC Scope of Services: The Contractor shall provide the nine required behavioral health services in sections 4.B through 4.K of the Clinic Criteria. The Contractor and the Contractor's DCO shall be enrolled providers with Iowa Medicaid Enterprise for all CCBHC services. The required services are:

- Crisis Behavioral Health Services (provided directly or by State-Sanctioned Crisis Service Provider)
- Screening, Assessment and Diagnosis (provided directly)
- Person-Centered and Family-Centered Treatment Planning (provided directly)
- Outpatient Mental Health and Substance Use Disorder Services (provided directly unless otherwise allowed in the RFP and Clinic Criteria)
- Outpatient Clinic Primary Care Screening and Monitoring (provided directly or by DCO)
- Integrated Health Home Services and Substance Use Disorder Case Management (provided directly or by DCO)
- Psychiatric Rehabilitation (provided directly or by DCO)
- Peer Supports, Peer Counseling and Family/Caregiver Supports(provided directly or by DCO)
- Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans (provided directly or by DCO)

HFS will provide the nine required behavioral health services required by the clinic criteria. HFS already provides most of the services required, will expand services for some of the requirements, and will subcontract with a DCO for the remainder.

1.3.1.5.1 Crisis Behavioral Health Services: The Contractor shall directly provide crisis behavioral health services listed in section 4.C of the Clinic Criteria, unless the Contractor contracts with an existing State-Sanctioned Crisis Service Provider to provide the required crisis services. If the State-Sanctioned Crisis Service Provider does not serve the Contractor's entire catchment area or provide all of the required services, the Contractor shall directly provide or contract with the State-Sanctioned Crisis Service Provider to ensure that all required crisis services are available in the catchment area.

The crisis services to be provided directly or through a State-Sanctioned Crisis Service Provider are:

- 24 hour Mobile Crisis

HFS directly provides 24 hour Mobile Crisis service to Pottawattamie County. We are expanding this service to the remaining 8 counties of the Southwest Iowa MHDS Region. This service will be a mixture of direct and telehealth services.

- Emergency Crisis Intervention Services

HFS currently provides crisis intervention services in our programs as needed.

- Crisis Stabilization Services

HFS has experience with crisis stabilization services in NE and has prepared a residential crisis stabilization application to our Iowa region.

1.3.1.5.1.1 The Contractor shall provide the following levels of the ASAM criteria for ambulatory detoxification either directly, through DCO or through referral as indicated below:

- **Level 1-Withdrawal Management:** Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. (Directly)

HFS currently provides this in our outpatient programming.

- **Level 2-Withdrawal Management:** Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management. (Directly or DCO)

HFS would need to gain capacity in this area.

- **Level 3.7-Withdrawal Management:** Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, or nursing monitoring. (Directly , DCO, or by Referral-costs of this service may not be reimbursed through the CCBHC PPS)

HFS will contract with local hospitals and detox centers to provide these services as they are needed for this level of care. Currently, we work with Jennie Edmundson Hospital to transition Mothers and pregnant women to our women and children residential program when detoxification is complete.

1.3.1.5.2 Screening, Assessment, and Diagnosis: The Contractor shall directly provide screening, assessment, and diagnosis for behavioral health conditions as stated in section 4.D of the Clinic Criteria.

HFS will directly provide screening, assessment and diagnosis for behavioral health conditions. We currently provide risk assessment and PHQ-9 for behavioral health conditions and risk for suicide. We will refer for specialized testing and services as needed. Formal relationships will be established as needed. Part of the formal relationship will include requirements for ongoing coordination and collaborative treatment planning.

HFS has established timeframes for the completion of behavioral health services including screening, assessment, and diagnosis. All of these services are sufficient in scope. See attached intake, evaluation, and risk assessment forms.

The initial evaluation will include all minimum requirements. In addition, HFS provides an integrated assessment including mental health, substance use and gambling information. We gather current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking. We also conduct a risk assessment of harm to self or others. We obtain releases of information to primary care providers and make referrals for medical needs when needed. We will also obtain information on whether the person has been or is presently a member of the U.S. Armed Services.

HFS will follow our accreditation standards in this area. We will also follow any standards as required by the state. We have experience tracking this information in our current outpatient, ACT and IHH programs.

1.3.1.5.3 Person-Centered and Family-Centered Treatment Planning: The Contractor shall directly provide person and family-centered treatment planning, including but not limited to risk assessment and crisis planning as stated in section 4.E of the Clinic Criteria. As required by Clinic Criteria 4.e.8 the

Agency requires that the Contractor shall provide individualized treatment planning that supports the individual's desired participation in their community of choice.

HFS will directly provide person centered and family centered treatment planning. This treatment planning will include risk assessment and crisis planning. All of our treatment planning involves the client and family members when consent is provided. Our HFS treatment plan is individualized. We integrate other behavioral health goals and include prevention and, medical needs. As a large service provider HFS will collaborate with those programs on specific client goals. All goals have timelines and are evaluated at each client visit.

Our treatment planning is strength driven and addresses the goals of the client and as appropriate their family members. Client voice is demonstrated and essential to the treatment planning process. Therapists seek outside expertise if needed from specialized providers. HFS will document the client's advance wishes and will also document their desire not to share those preferences.

1.3.1.5.4 Outpatient Mental Health and Substance Use Disorder Services: The Contractor shall directly provide the following outpatient mental health and substance use disorder services:

- Outpatient mental health and substance use disorder therapy and counseling-individual, family and group

HFS currently provides outpatient mental health, substance disorder therapy and counseling, individual, family and group therapy. We utilize a variety of evidence based practices. HFS has experience in motivational interviewing, DBT, First Episode Psychosis, ACT, addiction technologies, recovery supports and MAT.

- Assessment and screening for mental health and substance-use disorders

As a behavioral health provider we currently provide assessment and screening for mental health, gambling, and substance use disorders.

- Psychiatry

HFS has two psychiatrists (contracted employees) providing psychiatric services to both children and adults. In addition we employ a psychiatric nurse practitioner who provides psychiatric services.

- Medication management by a licensed prescriber

HFS currently employs two contracted psychiatrists who provide medication management services to children and adults. In addition we employ a psychiatric nurse practitioner who provides medication management services.

- MAT (Buprenorphine)

HFS's current psychiatric providers prescribe buprenorphine as part of our MAT. In addition, under contract with a local provider (BAART) we provide methadone maintenance and treatment.

The Contractor shall respond to Clinic Criteria 4.f.2 under section 1.3.1.6.

1.3.1.5.5 Outpatient Clinic Primary Care Screening and Monitoring: The Contractor shall provide outpatient clinic primary care screening and monitoring of key health indicators and health risk, either directly or through a DCO as outlined in section 4.G of the Clinic Criteria.

HFS currently provides some primary care screening and monitoring. This is more intensive in some programs such as ACT, IHH, and our residential treatment program for women and children. Either

through our current programming or direct contract HFS will ensure all appropriate and necessary screening and monitoring is conducted.

1.3.1.5.6 Integrated Health Home Services (IHH): The Contractor shall directly or through DCO provide IHH services that meet the criteria stated in section 4.H Targeted Case Management of the Clinic Criteria, the criteria listed in this Scope of Work, and the CCBHC Care Coordination chart located in the bidder's library.

1.3.1.5.6.1 The Contractor shall provide IHH Care Coordination to Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

HFS is an adult IHH provider. We will provide this service through the CCBHC. We will work in coordination with the pediatric IHH provider in our community as necessary.

1.3.1.5.6.2 The Contractor shall provide IHH intense community service case management services to all Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

HFS will provide IHH intense community service case management services to all individuals in the CCBHC program who meet eligibility criteria. HFS currently provides case management in several programs and will expand those services to meet CCBHC criteria.

1.3.1.5.6.3 The Contractor shall provide IHH intense community service case management services to Individuals in the CCBHC program who are at high risk of suicide, particularly after discharge from an emergency department, regardless of diagnosis and funding until the Individual is no longer considered high risk or is connected with necessary services for stabilization.

HFS will provide IHH intense community service case management services to individuals in the CCBHC program who are at high risk of suicide, regardless of diagnosis and funding. HFS will continue services with the individual until they are no longer considered high risk, or until all necessary services have been connected for stabilization.

1.3.1.5.7 Substance Use Disorder Case Management: The Contractor shall directly or through DCO provide case management services to Individuals with Long-Term Substance Use Disorders. The criteria for SUD case management is located in the bidder's library.

HFS has extensive experience in case management. We will directly provide substance use disorder case management. This case management exists in our outpatient, ACT and IHH programming. We pay particular attention to those times when a client can be most at-risk such as transition between levels of care. We employ case managers to address the needs of clients seeking services in our programs to assist with level of care management, other needs such as housing, employment, parenting needs, finances, etc. Our case managers are trained in an EBP in financial literacy. The financial literacy program is delivered through individual and group settings. Case managers work with clients to address basic needs, so these are not barriers to treatment and recovery.

1.3.1.5.7.1 The Contractor shall submit a final plan for Agency review and approval by September 1, 2016 describing the Contractor's approach to provision of SUD case management to individuals in the Targeted Population with Long-Term Substance Use Disorders.

HFS and its CCBHC Team will submit the plan as required.

1.3.1.5.8 Psychiatric Rehabilitation Services: The Contractor shall provide Psychiatric Rehabilitation services as stated in section 4.i.1 of the Clinic Criteria. The Agency has identified the Psychiatric Rehabilitation Approach (PRA) developed by Boston University as the selected evidence-based practice. The Contractor shall be accredited through 441 Iowa Admin. Code ch. 24 as an Intensive Psychiatric Rehabilitation (IPR) provider by September 15, 2016. IPR accreditation standards are located in 441 Iowa Administrative Code Ch. 24.

HFS will either expand psychiatric services provided internally, or contract with a local agency that is able to provide psychiatric rehabilitation services to consumers needing it. HFS plans to determine the best approach for these services and develop an agreement as required.

1.3.1.5.9 Peer Supports, Peer Counseling and Family/Caregiver Supports: As required by Clinic Criteria 4.j.1 the Contractor shall offer the following services either directly or through DCO: Peer Support Services, Family Peer Support Services, and Peer Recovery Coaching.

HFS has some peer supports and peer recovery coaching in our ACT, IHH and residential programs. These services will be grown and developed to provide in our outpatient CCBHC programming.

1.3.1.5.10 Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans: The Contractor shall ensure the provision of intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans. The Contractor shall provide care to veterans as stated in section 4.K of the Clinic Criteria and the clinical guidelines contained in the *Uniform Mental Health Services Handbook* located in the bidder's library.

HFS employs clinicians that are trained to work with Members of the Armed Forces and Veterans. Our therapists and psychiatrists will be able to meet this requirement.

1.3.1.6 Evidence-Based Practices (EBP): The Contractor shall provide the following Evidence-Based Practices identified by the Agency: Assertive Community Treatment (ACT), Medication-Assisted Treatment (MAT), Motivational Interviewing (MI), psychiatric rehabilitation approach (PRA) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Motivational Interviewing, designated MAT practices, and Trauma-Focused Cognitive Behavioral Therapy shall be provided directly by the CCBHC as part of required outpatient mental health and substance use disorder services.

1.3.1.6.1 EBP Training and Technical Assistance: The Contractor shall participant in Agency sponsored training and technical assistance on the Agency selected EBPs. Information on training and technical assistance regarding each EBP is located on the Agency's website.

HFS will participate in all trainings and technical assistance offered. HFS currently has an ACT program, IHH program, and Mental Health Crisis Response Team whose staff is current in its training and will update it as required.

1.3.1.6.2 EBP Fidelity: The Contractor shall report to the Agency evidence of meeting model fidelity for each EBP by Sept. 15, 2016. Ongoing fidelity monitoring will occur throughout the contract. The Contractor shall provide proof of fidelity to EBP models at a minimum of annually or at the request of the Agency. The Agency reserves the right to require additional proof of fidelity including, but not limited to, independent verification of EBP fidelity.

HFS clinical supervisors currently monitor fidelity to evidence-based practices through individual and group supervision, file reviews, and direct observations. We have done overall program fidelity monitoring on our evidenced-based practice of the Matrix Model as well.

1.3.1.6.3 Assertive Community Treatment (ACT): The Contractor shall directly or through DCO provide an ACT program that provides intensive services and supports to individuals with Serious Mental Illness. ACT programs shall comply with standards in 441 Iowa Admin Code § 77.38 and §78.45(249A).

HFS is a current provider of ACT services.

1.3.1.6.4 Medication Assisted Treatment (MAT): The Contractor shall meet the criteria identified in the MAT Criteria document located in the bidder's library. The Contractor shall have practitioners on staff or through DCO certified in and providing MAT services. The Contractor is required to directly prescribe Buprenorphine. Access to other MAT medications shall be provided directly, through DCO or referral.

1.3.1.6.4.1 The Contractor shall directly employ a credentialed prescriber of Buprenorphine. If the Contractor does not currently employ a credentialed prescriber, the Contractor shall engage and assist at least one of its physicians in applying for the buprenorphine waiver management physician waiver process.

HFS has two psychiatric providers that are credentialed prescribers of Buprenorphine.

1.3.1.6.4.2 The Contractor shall meet all federal, state and local laws governing the chosen medications.

HFS will meet the requirements of all laws. HFS is currently working to incorporate Buprenorphine MAT. HFS is an IDPH Methadone service provider and contracts with BAART for methadone treatment. We adhere to all other guidelines for the other MAT medications. Currently, we are working on implementing group therapy using EBP to integrate into programming for those clients in MAT services.

1.3.1.6.4.3 The Contractor shall directly provide evidence-based counseling services to individuals receiving MAT services regardless of whether the medication is being administered directly by the CCBHC, by a DCO, or referral organization.

Counseling services are provided to individuals receiving MAT services by our two psychiatrists and our psychiatric nurse practitioner. Education is also provided to the client that meets the criteria and need for MAT services.

1.3.1.6.5 Motivational Interviewing (MI): The Contractor shall have practitioners on staff certified in and utilizing Motivational Interviewing.

HFS currently has practitioners trained and utilizing Motivational Interviewing. We will ensure all CCBHC therapists are trained and certified.

1.3.1.6.6 Psychiatric Rehabilitation Approach (PRA): The Contractor shall directly or through DCO provide Psychiatric Rehabilitation using the psychiatric rehabilitation approach model developed by Boston University

HFS will study this model to determine whether this can be achieved with our existing psychiatric staff or whether a direct contract is necessary.

1.3.1.6.7 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): The Contractor shall have practitioners on staff certified in and utilizing Trauma-Focused Cognitive Behavioral Therapy.

HFS currently has therapists trained in TF-CBT. We will ensure all CBCHC therapists are trained in TF-CBT. Because TF-CBT is a trauma treatment for children and teens, HFS staff has also been trained to utilize Cognitive Processing Therapy (CPT) and Eye Movement, Desensitization and Reprocessing (EMDR) with adult clients. Both of these practices are evidence-based practices.

1.3.1.7 Quality and Other Reporting: The Contractor shall collect and report quality measures found in the Clinic Criteria Appendix A Tables 1 and 2 to the Agency and the entity selected by SAMHSA to complete the National Evaluation. Quality measures are determined by SAMHSA and subject to change pending federal approval. The Contractor shall comply with the data collection and quality improvement requirements in sections 5.A through 5.B in the Clinic Criteria.

HFS is able to provide data on the required quality measures listed in the Clinic Criteria. Not all of our programs currently complete all of the data measures, but we will put provisions in place to expand this reporting to all of the relevant programs as a CCBHC. We will update our quality and data reporting processes to meet the requirements.

1.3.1.8 Organizational Authority, Governance, and Accreditation: The Contractor shall meet the standards in the Clinic Criteria 6A through 6.c.2.

1.3.1.8.1 For criteria 6.c.1, the Contractor shall be accredited as a CMHC or an MHSP under 441 Iowa Administrative Code ch. 24; shall be licensed as a substance use disorder treatment program providing outpatient treatment licensed program services under 641 Iowa Administrative Code ch. 155; and shall complete the Agency's Certification Process by October 1, 2016.

Heartland Family Service (HFS) has national accreditation through the National Council on Accreditation (COA). We have completed the application for Chapter 24 MHSP Accreditation and anticipate sending in our application by the end of June. We are a licensed substance use disorder treatment provider. Please see attached licensure and certification documents.

1.3.1.8.2 The Contractor shall participate in quarterly Agency certification compliance reviews. The certification reviews may be face to face, web-based, or telephonic meetings.

Heartland Family Service agrees to participate in certification compliance reviews. We will participate in reviews by all means established by the state.

1.3.1.9 Grievance System: The Contractor shall establish an internal grievance procedure available to Applicants, Eligible Individuals and network providers.

Heartland Family Service has internal grievance procedures. Every client of Heartland Family Service has the right to express his/her opinions and grievances regarding all aspects of agency. Heartland Family Service encourages clients to be open about their concerns and is dedicated to ensure a high quality of care. Our grievance procedure is reviewed annually with staff during biannual policy reviews at every location and is to be followed in responding to a grievance by the client. We will update our grievance procedures as needed as a CCBHC.

1.3.1.10 Prospective Payment System: The Contractor shall meet the standards for submission of cost reports in Clinic Criteria 5.a.5 and the CCBHC Cost Report Instructions document located in the bidder's library. The Agency has selected PPS – 1 as its payment methodology.

1.3.1.10.1 The Contractor shall submit a completed cost report for the Agency's approval by September 15, 2016 as part of the Certification Process.

HFS has not had any previous requirements to complete a cost report, so this will be a new process. HFS will work with a healthcare consulting firm to complete this report. HFS Fiscal Department is not currently equipped to complete a cost report, and we are unclear about the level of work required to do the cost report. HFS might request flexibility with the September time frame.

1.3.1.10.2 The Contractor shall submit a cost report with supporting data annually. Cost reports are due to the Agency for review and approval no later than six months following the end of each Demonstration Program year.

HFS has not had any previous requirements to complete a cost report so completion of this report will be a new process. The agency will work with a healthcare consulting firm or increase our internal capacity to complete this report annually.

1.3.1.11 Monthly reporting: The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

HFS and its CCBHC Team will provide the written report as requested. HFS will follow guidelines provided by the state for the content, formatting, and submission of the report.

1.3.2 Performance Measures.

1.3.2.1 The Contractor shall update the initial needs assessment completed by the Agency and submit to the Agency for approval by July 1, 2018.

HFS will update the needs assessment as required, and submit to the Agency as requested.

1.3.2.2 The Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. The Contractor shall submit an updated training plan to the Agency for review and approval by July 1, 2018.

HFS will update and submit the staffing plan as required.

1.3.2.3 The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016

HFS will update and submit the training plan as required.

1.3.2.4 The Contractor shall meet clinic access times frames identified in the Clinic Criteria and in section 1.3.1.2.1 for treatment of Emergency, Urgent, and Routine needs 80% of the time on a monthly basis. The Contractor shall provide documentation to the Agency of this measure on a quarterly basis during the Demonstration period. The first submission is due to the Agency on the 20th of the month following the first 3 months of operation of the CCBHC during the Demonstration period and every 3 months afterward.

HFS will work to meet clinic access time frames as required. HFS and its CCBHC Team will provide documentation of this measure on a quarterly basis.

1.3.2.5 The Contractor shall submit the Care Coordination policy referenced in Section 1.3.1.3.1 to the Agency for review and approval by September 15, 2016.

HFS will update and submit the Care Coordination policy as required. The HFS CCBHC Team will coordinate the policy update.

1.3.2.6 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 2018. This plan is to address ways to improve Care Coordination between the CCBHC and all DCOs using a health information technology system.

HFS will submit the plan as required by July 1, 2018..

1.3.2.7 The Contractor shall submit to the Agency for review and approval the final plan for SUD case management referenced in Section 1.3.1.5.7.1 by September 15, 2016.

HFS will submit the plan as required.

1.3.2.8 The Contractor shall submit to the Agency for review and approval evidence of meeting model fidelity for each required EBP by September 15, 2016, January 3, 2017, and January 2, 2018.

HFS will submit evidence as required.

1.3.2.9 The Contractor shall increase availability of MAT services in the catchment area as evidenced by a 25% increase in the numbers of Individuals receiving MAT during the second year of the Demonstration period compared to the first year and by increasing prescriber capacity to prescribe MAT medications as identified in the MAT criteria document and in section 1.3.1.6.4.

HFS will work to increase the availability of MAT services in the catchment area as requested.

1.3.2.10 The Contractor shall demonstrate participation of Individuals with a Serious Mental Illness, adults recovering from substance use disorders and family members of CCBHC consumers in the governance of the CCBHC. The Contractor shall provide meeting minutes, board rosters, and other documentation that demonstrates compliance with criteria 6.B of the Clinic Criteria.

HFS will demonstrate participation of persons with serious mental illness, persons in recovery from substance use disorders, and family member of CCBHC consumers in the governance of the CCBHC with meeting minutes, board rosters, and other documentation as required.

1.3.2.11 The Contractor shall submit a completed cost report for the Agency's review and approval by September 1, 2016.

HFS will work to submit a completed cost report working with an outside firm if necessary. However, HFS has not completed a cost report in the past, and our Fiscal department is not currently equipped to complete a cost report. HFS will address this requirement but might require additional time.

1.3.2.12 The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

HFS will complete the reports as required. A team will be formed to address the steps we need to take to meet these requirements and determine the responsible parties and the process.

1.3.3 Contract Payment Methodology.

The Contractor's reimbursement is limited to Medicaid reimbursement for Medicaid-reimbursable CCBHC services that are provided to Medicaid members during the Demonstration Program period. Reimbursement is contingent on the Agency being awarded a grant for the Demonstration Program. The Agency anticipates grant award notification from SAMHSA in January 2017. If awarded a Demonstration Program grant, the Iowa CCBHC Demonstration Program is projected to occur from July 1, 2017 to June 30, 2019. Medicaid reimbursement for Medicaid-eligible members shall be calculated using the PPS-1 methodology. No other reimbursement shall be made as a result of this contract. If the Agency is not awarded a Demonstration Program, this Contract shall be terminated upon formal notification by SAMHSA on non-award of the grant. Contractor certification as a CCBHC is required to receive Medicaid reimbursement for CCBHC services. A Contractor's non-compliance with Agency certification requirements could result in decertification of the Contractor as a CCBHC.

HFS understands that reimbursement is limited to Medicaid-reimbursable services, and is contingent upon the award of a Demonstration Program grant to the state of Iowa.

Information Bidders Must Submit That is Specific to This RFP.

3.2.4.2 A description of the proposed CCBHC catchment area as referenced in Section 1.3.1.1.1 of the RFP

HFS proposes to serve the catchment area including Harrison, Mills, and Pottawattamie Counties in southwest Iowa. This area is largely rural but includes the cities of Council Bluffs, Glenwood, and Logan, in which HFS has offices. The population of Pottawattamie County as of 2014 was estimated at 93,153. Mills County's 2014 population was 14,946, and Harrison County's population was 14,600. Therefore, the entire population of the catchment area was 122,699. About 76.1% of the population is adult over 18 years. The people in the area are primarily white 95.5%, 5.7% Hispanic/Latino, 1.0% Black/African American, less than 1% American Indian/Alaskan Native, and less than 1% Asian. The largest group of clients comes from the Council Bluffs area. About 80% of HFS clients have low or very low income, with incomes of less than \$20,000.

A survey of the metro area by United Way in 2013-14 found that 90% of Council Bluffs residents reported that access to mental health care was a challenge. HFS has responded to that need by working to expand mental health services in the area.

Clients served in 2015 by HFS in the following Iowa programs: Mental Health, Substance Abuse treatment, Assertive Community Treatment, Gambling Treatment, Integrated Health Home, Mental Health Crisis Response, and Projects for Assistance in Transition from Homelessness, total 1,937 individuals and are 54% male and 46% female. Of these Iowa clients, 4% are Hispanic/Latino. Of these individuals, 84% were adults over 18 and 16% were children. The largest age group served was 25-44 year olds (47%) followed by 45-64 year olds (18%) and 18-24 year olds (15%). The individuals served by these programs were 94.4% white, 2.7% black/African American, 2.3% American Indian/Alaskan Native, 0.3% Asian, and 0.3% mixed race. Of these Iowa clients, 88% have incomes less than \$20,000 per year.

HFS has a Culturally and Linguistically Appropriate Services (CLAS) Policy and Limited English Proficiency Plan (LEP) to assure that competent services are provided to clients. The most requested language is Spanish, and HFS employs bilingual Spanish speaking staff. Other languages spoken by HFS staff include Malay, Dinka, Arabic, and Burmese. HFS has Cultural Ambassadors that work with our Community Education programs which serve refugee populations. The program assists Karen, Karenni, Sudanese, and Bhutanese families. For other languages that might be needed, the LEP provides resources for staff to find interpretation services. The HFS Culture of Inclusion Council and the Diversity Officer are responsible for periodically reviewing and updating the policy and LEP.

3.2.4.3 A proposed staffing plan as referenced in Section 1.3.1.1.3 of the RFP.

HFS has attached an initial proposed staffing plan, and will update the plan as required.

3.2.4.4 A proposed staff training plan as referenced in Section 1.3.1.1.4 of the RFP.

HFS has attached some initial training plan documents, and will submit an updated a plan as required by the due date.

3.2.4.5 A copy of its intake/referral form, risk assessment tool, description of current intake process and list of languages that the Bidder makes the intake paperwork available to the public.

The HFS intake, evaluation, and risk assessment forms are attached. Our intake paperwork is currently available in English and Spanish. If other languages are needed, interpretation or translation services are sought.

3.2.4.6 A description of current access time frames as referenced in Section 1.3.1.2.1 of the RFP.

HFS currently provides office services Monday through Thursday from 8:30AM to 8:00PM and Friday 8:30AM to 5:00PM. HFS offers 24/7 Crisis Response services through our Iowa Mental Health Crisis Response Team and through crisis line telephone services in some of our behavioral health programs. The HFS ACT and IHH programs have 24/7 coverage as part of their programming as well. HFS will provide updated information about access time frames as required.

3.2.4.7 A copy of its sliding fee scales and disaster plan.

Please see the attached sliding fee scale and disaster policy.

3.2.4.8 A list of proposed and current care coordination agreements as referenced in Section 1.3.1.3.3 of the RFP.

HFS currently provides Care Coordination for the Iowa Department of Public Health for Integrated Health Home services, Gambling Treatment, and Access to Recovery Services. HFS also has a grant with Iowa West Foundation to provide Care Coordination for Substance Use Disorder Treatment Clients. HFS will provide a list of Care Coordination Agreements as required.

3.2.4.9 A list of proposed or contracted DCOs as referenced in Section 1.3.1.4 of the RFP.

1.3.1.4 Contracting with Designated Collaborating Organizations: The Contractor shall establish a Formal Relationship with any Designated Collaborating Organization (DCO) that will provide any of the following required services: ACT, Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, MAT, Peer Supports, Peer Counseling and Family/Caregiver Supports, Psychiatric Rehabilitation, and Integrated Health Home care coordination.

HFS is currently a provider of ACT services, Integrated Health Home services, Intensive services, Community-Based Mental Health Care, MAT services, and some Peer Supports and Peer Counseling in our Iowa programs. HFS offers peer supports and peer recovery coaching in our ACT, IHH and residential programs. These services will be grown and developed to provide in the outpatient programming. HFS will also expand on MAT services. HFS will contract with providers for Psychiatric Rehabilitation or expand our internal psychiatric services..

3.2.4.10 A list of Managed Care Organizations it is contracted with.

HFS is currently contracted with:

- Amerigroup
- Amerihealth Caritas

3.2.4.11 A copy of its proposed standardized and validated screening tool as referenced in section 1.3.1.5.2 of the RFP.

Please see the attached screening tool.

3.2.4.12 The Contractor's planned approach to provide CCBHC Substance Use Disorder Case Management as referenced in section 1.3.1.5.7.1 of the RFP.

The HFS CCBHC Team will review Case Management services currently provided, and update the services and processes to meet CCBHC standards. The plan will be submitted as required.

3.2.4.13 A list of current MAT medications available and a list of proposed MAT medications that will be available through the Clinic as referenced in Section 1.3.1.6.4 of the RFP. The Contractor shall identify which medications will be offered directly, through DCO, or through referral.

Please see the attached HFS MAT handout with information about medication services currently available. HFS will expand MAT services available as a CCBHC.

3.2.4.14 Documentation of its ability to meet cost reporting requirements as referenced in Section 1.3.1.10 of the RFP.

HFS will work with the Agency and an external firm to complete cost reporting requirements if we do not have the internal capacity to complete the cost report. HFS is not currently certain we are equipped to complete a cost report and will need to develop capacity. HFS follows standard accounting procedures and will build upon its capabilities to meet the requirements. Technical assistance in this area would be accepted.

3.2.4.15 Letters of support from behavioral health stakeholders and other private and public agencies in the proposed catchment area.

Please see the attached support letters.



Culture of Inclusion Training Requirements

Learning about diversity, inclusion, and cultural humility is an integral part of ongoing professional and personal development at HFS. Each year, every employee is required to complete a **minimum of three hours of diversity and inclusion training** and this must be completed prior to the next year's performance appraisal.

How can I meet the training requirement?

1. Attend professional workshops/training- two hours must fall in this category

- a. Agency sponsored trainings are provided by HFS Diversity and Inclusion programs at various locations or organized by HFS staff.
- If events are organized at your location/program please email the Diversity Officer with information about the event for approval of continuing education credits.

Example: A workshop lead by a professor on cultural migration and the impacts this has on ecosystems organized by the Diversity Officer.

All agency sponsored trainings will be listed on the intranet under the available courses Training tab.

b. Attend an external professional training session/conference/class on a cultural diversity and inclusion topic:

- Submit a copy of your attendance or CEU Certificate to the Diversity Officer for approval so your training record will reflect diversity related training. Remember that diversity and inclusion training may only be relevant for a portion of the training attended at a conference, so be sure to specify which session is to be applied to your training hours.

Example: Race Matters Conference

- Academic courses taken may be used towards diversity training requirements. For the course to be considered, submit the course syllabus along with a passing grade must be submitted to the Diversity Officer. Acceptance of the course is approved on a case by case basis.

Example: Women's Rights and Policy at UNO

2. Attend a community cultural exploration activity or self-study-one hour can fall in this category

- This activity should expose staff to new or unfamiliar cultures or communities.
- Inform the Diversity Officer and complete and email the Culture of Inclusion Training Form to receive approval

Example: Metro Community College Native American Pow Wow or Juneteenth Parade

- **Viewing a movie or reading a book on your own can count for ONE HOUR toward the total required, regardless of the length of the book or movie.** For approval, staff must submit the Culture of Inclusion Training Form to the diversity email below.

Reminder:

- There is a Diversity Library at Central in the 3rd floor copy room with books and films available to borrow. The HFS Diversity Officer will check items out to staff members.
- Trauma informed care training can also count towards culture of inclusion training.
- You only have to fill out the Culture of Inclusion Training form if you are completing training that is not agency sponsored. All agency sponsored trainings will have a sign in sheet that is sent to the training coordinator.

Diversity email: Diversity@heartlandfamilyservice.org

**HEARTLAND FAMILY SERVICE
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

SUBJECT: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Reviewed by Leadership Team:	6/16/15
Reviewed by Program Directors:	6/19/15
Approved by HR Task Force:	6/18/15
Approved by Board of Directors:	6/25/15

Heartland Family Service is committed to providing equitable and effective services to all people in a culturally and linguistically appropriate manner. This commitment is consistent with the expectations of the **Culturally and Linguistically Appropriate Services (CLAS)** Standards issued by the United States Department of Health and Human Services/Office of Minority Health. This commitment includes ensuring that,

- Heartland Family Service provides services in an environment that is welcoming of cultural and linguistic differences.
- clients with Limited English Proficiency (LEP) are provided, free of charge, qualified and timely assistance in accessing services during all hours of operations.
- Staff at Heartland Family Service will have a defined set of values and principles to guide the practice of providing services to clients with diverse cultural, ethnic, and ability backgrounds. This includes demonstrating behaviors, attitudes, policies, and structures that enable staff to work effectively with diverse clientele.

(Source: National Center for Cultural Competence; Georgetown University)

The cultural and linguistic needs of every client are assessed as part of the client intake process. Client race, ethnicity, and primary languages spoken are recorded and maintained as a permanent part of the client record. Additional information about cultural norms and preferences is requested from clients as needed, depending on the nature of the services being provided. In addition, staff should be sensitive to determine if the client is functionally literate in his or her native language, or any other language.

Heartland Family Service partners with community leaders, resources and organizations that specialize in meeting the needs of racial, ethnic, and cultural minorities in order to strengthen equitable access for all persons in the community. This includes making appropriate referrals to partner agencies when Heartland Family Service cannot meet the client's needs appropriately.

Language Assistance

Heartland Family Service maintains reasonable organizational support necessary to provide language assistance to clients who need such assistance through the following practices:

- Heartland Family Service will be prepared to serve clients based on a periodic assessment of the five most frequent languages spoken by clients and representative of prospective clients in the community. Sources such as the NATI (Nebraska Association of Translators and Interpreters) and other reliable surveys of languages spoken will be utilized to identify languages needed.
- The Heartland Family Service **Limited English Proficiency (LEP) Plan** (see attachment) is a guide for Heartland Family Service staff to access the appropriate language assistance for clients with limited English proficiency.
- All new Heartland Family Service staff will be informed of the LEP Plan and where to find it. This training is incorporated into New Employee Orientation, and annual training will also be made to all staff regarding the LEP Plan and any updates.
- All reception, front desk, and other first contact employees will have access to resources to help them welcome and assist a client/visitor who does not speak English.
- In each facility, there will be a posted notice to inform clients that we have an LEP Plan which provides free language assistance in a timely manner. The posted notice will include the contact person should the client have a concern or complaint about CLAS services.

- The LEP Plan identifies qualified internal, external, and technological resources for language support.
 - Internal resources include Heartland Family Service staff who are bilingual and willing to serve in an interpreter role within their program as part of their regular duties, or outside of their program in short-term, focused, or emergency situations or as arranged with their respective Program Director.
 - External resources include contracted interpreters and/or Language Lines which connect us with qualified interpreters by phone. A listing of qualified interpreters, Language Lines, and community resources with specific ethnic, language, or cultural expertise is maintained by the Diversity Officer in cooperation with Central Intake; and made available to all Heartland Family Service staff at all hours of operation. Fees for interpreters or Language Lines are the responsibility of the program and should be arranged with the Program Director.
 - Technological resources can be accessed when in-person support is not available.
 - The LEP Plan is reviewed and updated at least biannually by the Diversity Officer.

In Person Interpretation and Language Line Services

Persons serving as interpreters provide a valuable service to clients who primarily speak a language other than English. Interpreters must meet minimum qualifications for quality and professionalism. Family members and/or friends of the client should not serve as interpreters except in very limited circumstances such as appointment scheduling or emergencies. Heartland Family Service staff encourage the use of an impartial interpreter. If a client insists on having a family member or friend provide interpretation, Heartland Family Service staff will document that independent interpreter services were offered to the client and refused.

Basic standards of practice for interpreters include:

- The interpreter agrees to render all messages accurately and completely while replicating the register, style, and tone of the speaker.
- The interpreter will advise parties that everything said will be interpreted.
- The interpreter will correct errors and omissions as soon as possible.
- The interpreter agrees to maintain confidentiality and does not disclose information unless consent has been given or if required by law; and will also protect any written information in his or her possession.
- Heartland Family Service and the interpreter will sign a contract specifying terms, to include a confidentiality agreement. The interpreter will sign a Business Associate Agreement.
- The interpreter will not allow personal judgments or values to influence objectivity and will disclose conflicts of interest, withdrawing if necessary; and will limit personal involvement with all parties during assignment.
- The interpreter will strive to understand the cultures associated with the languages that he or she interprets, and will alert all parties to any significant cultural misunderstandings.
- The interpreter will be honest and ethical in all practices by being prepared and disclosing any skill limitations that he or she may have.
- The interpreter will accept assignments in which he or she is sufficiently familiar with the content, terminology, and subject matter to be able to perform professionally; the interpreter will avoid sight translation of complex or critical documents if they lack translations skills.
- The interpreter will strive to maintain impartiality and will refrain from counseling, advising, or projecting personal biases or beliefs.
 - If the interpreter believes he or she is unable to refrain from projecting personal biases or beliefs while interpreting, he or she may notify the other agency staff present and request staff find another interpreter.

Heartland Family Service staff will document in the client's file the use of an interpreter to facilitate the delivery of quality services. This documentation should include the name of the person providing the interpreter support, the organization the interpreter is associated with (if applicable), and a description of

the perceived quality of the interpretation provided. Feedback regarding the quality of interpreter services should be provided to the Diversity Officer to assist in maintaining the list of qualified and high quality interpreter resources. If an interpreter can interpret more than one language, the quality of his or her services for each language should also be noted. Additionally, contracts with interpreters and translators will be periodically reviewed by the Internal Care Monitoring Quality Improvement Team.

Heartland Family Service informs all clients of their right to interpreter services at no cost. This information is provided verbally by staff when possible at the time of initial contact, and in writing as part of the Client Information and Rights brochure. When resources are available, the cost of interpretation may be billed to an appropriate third party, but clients will not be required to pay for interpretation services.

Clients are asked to sign an agreement which acknowledges that the cost of the interpreter is assumed by the agency, and that they agree to give reasonable notice, at least 24 hours, if they are unable to keep a scheduled appointment. Service may be discontinued if the client is not reliable in keeping appointments or fails to cancel in advance other than in an unforeseeable emergency.

Translation Services

Heartland Family Service provides essential client documents and relevant signage based on most common languages of persons served or potentially in need of services. Documents will be translated by interpreters who have these qualifications:

- the necessary linguistic and writing skills in both English and the designated language
- A reasonable understanding of the technical content of the document's translation resources will be maintained by the Diversity Officer.
- Cost of translation services is the responsibility of the program.

Client documents translated into languages other than English will include a subtitle in English and will be formatted similarly to the English counterpart in order to assist English-speaking staff in recognizing the type of document provided. Alternately, an English copy of a document may be provided on the reverse side of the translated document.

Documents that must be provided in the languages of the major populations served include but are not limited to:

- Client Information and Rights
- Client Service Agreement (including any documents that outline client responsibilities)
- Notice of Privacy Practices
- Authorization to Release Confidential Information
- Customer Grievance Form

Programs may designate other forms considered essential to their services.

Similar to clients with limited English proficiency, clients who are deaf or hearing impaired have the right to appropriate language support at no cost. Please see the Adaptation for Clients with Disabilities Policy for additional guidance.

Implementation and Review

Heartland Family Service will review and update its **LEP (Limited English Proficiency) Plan** on an annual basis. This review will be initiated by the Diversity Officer with the support of designated staff.

This review will include:

Periodic Organizational Assessment of cultural humility of agency staff and programs.

Language of Major Populations Served: Identification/update of cultural and linguistic needs of the clientele served or in need of services. This will include the language of populations served in targeted programs (Example: International School Readiness).

Review/update of resource list including internal, external, and technology resources (ongoing).

Identification of staff skills needed to meet client CLAS needs.

Review of training provided to new and ongoing staff, and recommendation of improvements if indicated.

Dissemination of information regarding the LEP Plan and the processes for utilizing and modifying the LEP Plan.

Definitions

Culturally and Linguistically Appropriate Services (CLAS): are defined in a set of 15 practice standards issued by the United States Department of Health and Human Services/Office of Minority Health to guide healthcare organizations in providing equitable access to effective services.

Interpretation: The oral rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

Limited English Proficiency (LEP): A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with service providers.

Oral Translation: The verbal reading of a document written in one language into another language.

Written Translation: The conversion of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language.

Language of Major Populations Served: Utilizing community demographic data to identify clients or potential clients in need of agency services, including the languages spoken, to determine linguistic needs to be met by the agency

Related Policies and Procedures:

See "Client Information and Rights," "Staff Development," "Recruitment/Hiring," and "Adaptation for Clients with Disabilities" in the General Policies and Procedures on the Intranet.

CCBHC Staffing Plan and Qualifications

AGENCY NAME:

Heartland Family
Service

DATE: 06-08-2016

First Name	Last Name	Date of Hire	Education/Degree	Experience	Professional Licensure	Service	Site
Michael	Coy	1/1/2010	MD	24 years	MD	Psychiatrist	Child and Family Center
Cynthia	Paul	3/15/2015	MD	7 years	MD	Medical Director/Psychiatrist	Gendler
Terry	Ideker	12/12/2005	BSN, MSN	22 years	ARNP	Nurse Practitioner	Lakin
Patrick	Baker	5/4/2015	none	29 years	none	Medical Assistant	Gendler
April	Gibson	10/19/2015	Associate Degree in Med Asst	13 years	Medication Aid	Medical Assistant	Child and Family Center
Trisha	Anderson	6/2/2011	Master's of Social Work	4 years 1 months	LISW/IADC	Therapist	Broadway
Mindy	Blair	Jan-06	MS Human Relations	9 years	Temporary LMHC/CADC	ACT Team Leader	ACT CB
Andrew	Frohardt	4/24/2006	MS Rehabilitation Counseling	9 years	LMHC/CADC	Therapist	Broadway
TJ	Gorman	4/18/2000	MS Rehabilitation Counseling	14 years	LMHC/IAADC/C DGC/LIMHP/LA DC	Clinical Supervisor/Therapist/ MHCRT	Broadway/ Mobil Crisis
Sharon	Heckathorn	4/26/2010	Master's of Social Work	12 years	LISW/IADC	IA Associate Clinical Director	Broadway
Rebecca	Hood-Kjeldgaard	1/13/2014	MS Clinical Counseling	1 years 7 months	LMHC/IADC	Therapist	Broadway
Brandon	Jerred	8/5/2013	MA Marriage and Family Therapy	7 years	LMFT	Therapist	Broadway
Jill	Johnson	12/1/2014	MS Counseling	5 years	LMHC, LMHP	Therapist	Broadway
Wendie	Kadner	1/10/2013	MA Counseling	20 years	LMHC, LMHP	Therapist	Lakin
Hollis	Karcher	1/6/2003	Master's of Social Work	12 years	LISW/IADC	Therapist	Broadway/ Glenwood

Alicia	Kurzenberger	8/28/2000		Master's of Social Work	12 years	LISW/IADC	Therapist	CFC/Lewis Central School
Shannon	Mahnke	9/16/2004		Master of Science	11 years 9 months	NA	Behavioral Health Director	Broadway
Becky	Meline	6/15/2009					Clinical Supervisor/Therapist	Child and Family Center/IA Family Works
Dan	Messina	9/11/2001		MS Clinical Counseling	6 years 1 month 9 years	LMHC/CADC	Therapist	Broadway
Jessica	Nemec	12/8/2014		MS Counseling	1 year 8 months	Temporary LMHC	Therapist	Broadway
Amy	Oberdin	9/1/2011		Mental Health Counseling	4 years 2 months	LMHC	Therapist	IA Family Works
Jaime	O'Gara	5/13/2013		Master's of Social Work	2 years	LMSW /CADC	Therapist	Broadway
Kristina	Jensen	3/23/2015		BS Psychology and Human Resources	2 years 7 months	NA	Case Manager	Broadway
Lindsay	Poore	4/21/2014		MS Clinical Counseling	3.5 years	LMHC/LMHP/L PN	Therapist	CFC/Logan
AshLynn	Samuel	10/5/2015		MS Community Counseling	1yr	Temporary LMHC	Therapist	Broadway
Genevieve	Sanchez-Hidalgo	8/3/2015		MS Clinical Psychology	1.5 years	TLMHC	Therapist	Broadway
Lindsay	Hendersen	7/2/2014		MS Addictions Studies	2.5 Casemanagement and intern		Therapist	Broadway
Amy	Simons	7/20/2015		MS Community Counseling	2 years	TLMHC	Therapist	Broadway
Lisa	Schaben	10/1/2007		Master of Social Work	7years	LMSW	Case Manager	Broadway
Mandy	Standley	11/7/2014		MS Clinical Counseling	9 months	Temporary LMHC, PLMHP, PLADC	Crisis Response Lead Therapist	Broadway/ Mobil Crisis
Dannifer	Stewart	7/20/2000		MS Community Counseling	10 years	LMHC/IADC/L MHP	Director Crisis Response Services	Lankin Campus/ Mobil Crisis

Nicole	Grier	1/28/2015	BSW	1 year 6 months		Case Manager	IA Family Works
Emily	Rosenberger	11/4/2013	Bachelor Science, Behavioral Science	4 years 3 months		Integrated Health Home Director	Lakin
Teri	Becker	1/18/2016	Bachelor of Arts, Human Services	11 years	RN	Care Coordinator	Lakin
Kim	Lang	5/16/2016	Bachelor of Arts, Human Services	31 years		Care Coordinator	Lakin
Emily	Zenk	5/2/2016	Bachelor of Criminal Justice	7 months		Care Coordinator	Lakin
Mychelle	Martinez	8/24/2015	Bachelor Arts and Psychology	7 years	CPSWS	Care Coordinator/Peer Support	Lakin
Sheila	McMinn	7/5/2014	Bechelor Arts, English, Geography	3 years 6 months	CPSWS	Peer Support	Lakin
Holly	Brockman	5/31/2016	Associate in Science	6 years	RN	Nurse Care Manager	Lakin

HEARTLAND FAMILY SERVICE GENERAL POLICIES AND PROCEDURES

SUBJECT: STAFF TRAINING & DEVELOPMENT PROCEDURES AND TRAINING CALENDAR

Reviewed by Program Directors: 5/21/2015

Reviewed by Leadership Team: 5/5/2015

Approved by HR Board Task Force: 5/28/15

Approved by Board of Directors: 6/25/15

Staff development is an ongoing process, which blends the service needs of the community with different learning needs of various levels and types of staff positions. Improving service to clients is a continuing need; thus staff development is an unending process. Continued growth of knowledge, skills and attitudes leading to increased competence and improved performance is the individual's responsibility. Provision of opportunities to attain job specific knowledge, skills and abilities as well as agency cultural competency is the responsibility of Heartland Family Service. Planning for staff development, which includes orientation, training and education is a collaborative activity. Furthermore, responsibility of participation in these opportunities is shared between Heartland Family Service and its employees.

Opportunities for Staff Development

Each staff member is responsible for managing his/her training and attendance to meet staff development goals. Agency sponsored activities will be the first priority for meeting the staff development needs for all staff.

INTERNAL TRAININGS

The Training Coordinator provides and coordinates the internal trainings on a monthly basis. Refer to training calendar on the Intranet for more details.

- New Employee Orientation can or may include: Agency Overview
- Understanding your DiSC Profile
- Ethics/Client Rights/Therapeutic Boundaries
- IT/Network Overview
- Creating Cultures of Trauma Informed Care
- Collaborative Problem Solving
- Fiscal/HR Overview
- Youth and Trauma (Stages of Development)
- Diversity and Inclusion
- Mandatory Reporting of Abuse (NE and IA)
- Community Relations Training
- CPI (Non Violent Crisis Intervention training)
- First Aid/CPR/AED for the Lay Responder
- Defensive Driving
- Personal Safety in the Community/Verbal De-escalation
- Mandatory Reporting of Abuse (NE and IA) Review
- Substance Abuse Recognition
- CLAS.LEP
- EEO/AAP

The Training Coordinator will be responsible for coordinating these Bi-Monthly - Quarterly Trainings:

- Total Quality 101
- Suicide Prevention
- Substance Abuse Recognition
- Agency Bus Tour/Meet with CEO

MINIMUM ON-GOING TRAINING REQUIREMENTS (Job Related)

	<u>CLERICAL SERVICES</u>	<u>FISCAL & DEVELOPMENT</u>	<u>THERAPEUTIC SERVICES</u>	<u>NON- THERAPEUTIC SERVICES</u>	<u>MANAGEMENT</u>
Introductory	As Needed	As Needed	As Needed	As Needed	As Needed
PTE (19-30 hrs)	10 hrs/yr	12 hrs/yr	15 hrs/yr	15 hrs/yr	20 hrs/yr
Regular FTE	20 hrs/yr	20 hrs/yr	30 hrs/yr	25 hrs/yr	36 hrs/yr

1. Each Heartland Family Service employee has training requirements to attend within the first 3- months and 1 year of employment.
2. Training passports with the list of required trainings and number of hours for employees (19+ hours per week) are given to employees during new hire onboarding process...
3. Any training that is "NOT APPLICABLE" will be indicated on the training passport and needs to be turned in together with the Three-month Introductory Evaluation Form to Human Resources.
4. The Training Coordinator is responsible for tracking employee's training hours.
5. The Training report will be used and included in performance appraisals. Supervisors may not give an employee an adequate rating for staff development/training if they have not met the required training requirements.
6. Training charts must be filed in the personnel file.
7. The Training Coordinator will update all training events and dates on the Intranet
8. All staff will have access to the training calendar via the Intranet and will register for trainings via the Intranet.
9. The Training Coordinator will be responsible for consolidating evaluation forms and if applicable, forwarding results to Program Sponsors or trainers.

As other training needs arise throughout the year, complete the Internal Training Request form on the Intranet Training Tab. The Training Coordinator will review the internal training request, assess needs, and accommodate the training requirement either internally or externally. The Training Coordinator will also conduct a needs analysis assessment of required trainings with each program area annually.

EXTERNAL TRAININGS

Listed opportunities for external staff development will be posted on the Intranet by the Training Coordinator and/or sent to the appropriate supervisors.
Other training requirements can be filled through opportunities offered outside of the agency. These include, but are not limited to:

- Other Community Agency Training External Conferences
- External Meetings
- Cultural Diversity Workshops (external)
- Continued Formal Education

In general, when meetings are during working hours, the time is allowed.

Cultural Diversity and Inclusion

Staff are expected to demonstrate respect of diversity of peers and clients. To support this standard, appropriate trainings are offered throughout the year to develop and assist employees in interacting appropriately with coworkers and clients who are similar to or different from themselves.

Resources for Staff Development

Resources for staff development are an integral part of each program budget. Each program director is required to plan, within reasonable time and cost limitations, sponsored seminars, special lectures, etc. and to assist in facilitating attendance of its staff at agency conferences, seminars or meetings. In planning for staff development, the program director must make certain that office hours and services are continued as usual.

Program directors will develop their own criteria for selection of staff training with primary consideration given to the needs of the agency. Other criteria, such as conferences attended in the past, specific interests, production expectations, seniority, etc. may be used. Staff members who are asked to give presentations, write papers, take committee appointments or undertake other responsibilities should clear such plans with program directors who will then recommend what portion of the expense, if any, is to be paid by the agency. All staff are encouraged to bring development opportunities to the attention of their immediate supervisors. Heartland Family Service will give time for attendance at approved conferences, institutes, training and meetings in line with basic personnel policy and may meet part of the expenses in accordance with the funds available and overall program planning.

The Heartland Family Service budget item for conference expenses includes amounts designated for administrative use and for staff development. Administrative use includes attendance at conferences and membership on national and/or regional committees. It also includes attendance at conferences by all staff members whose attendance is required for administrative reasons.

Tracking and Evaluation

Sign-in sheets or Certificates of course completion will need to be sent to the Training Coordinator for tracking of training hours.

Mandatory training requirements and competencies needed to improve knowledge, skills and abilities will be reviewed by Leadership Team and program directors on a regular basis. Surveys from staff and supervisors are also conducted to identify their needs. (In-house training programs are developed in response to those needs.) Evaluation of the training may be measured by pre and post tests, supervisor, consumer and self-evaluations.

The Training Coordinator is responsible for sending out evaluations for all internal trainings and disseminating results to trainers.

Continued Education

After one year of service, a staff member may request time off for study at a recognized college, university or specialized school. Such a request must have the recommendation of both the program director and vice president. In reviewing such requests, the agency will take into consideration the needs of the agency, the ways in which the study may facilitate the staff member's ability to handle his/her job or another job in the agency, the length of the service of the

staff member, the number of persons desiring time off for study and the agency's ability to release persons for this purpose. The time needed to complete one course plus travel to and from class may be granted with pay with the approval of the supervisor. Tuition reimbursement is available to those who qualify. Please refer to the policy for more information. Classes or travel time during non scheduled work time are on the staff member's own time.

Continuing education is vital to quality professional service, and is an ongoing requirement for licensing/certification of mental health practitioners. Heartland Family Service is committed to the ongoing professional development of staff.

The agency supports professional growth in these ways:

1. Approval of up to five days' paid leave each year for educational purposes.
2. Providing funds for continuing education and other professional training, within budgetary constraints.
3. Sponsoring educational events for professional staff, for which continuing education credits can be earned.
4. Providing tuition reimbursement and education loan funds for education and training.

Guidelines for Heartland Family Service Approval

- The amount of time spent in staff development activities, both in and out of the agency, should be balanced against service needs.
- Attendance should be related to the individual staff member's job performance and interests. Participation in agency sponsored staff development opportunities should not duplicate events outside the agency.

A maximum of five days per year may be allowed for staff development/training outside the agency. Excess of five days requires special approval by a member of the Leadership Team.

Requests must have preliminary approval by staff member's supervisor and should be in writing on the REQUEST FOR LEAVE form or via e-mail. Occasionally, opportunities for staff development come to the attention of Heartland Family Service at the last moment. In such instances, requests and approvals may be made orally and followed up with written documentation. Staff members may be required to do a written or oral report of meetings attended for agency use.

It is the primary responsibility of the employee to attend and document attendance at professional educational events, in order to satisfy the continuing education requirements of license renewal in their discipline. The employee is required to report all completed continuing education activities to the Training Coordinator in the agency.

TRAINING ACCOUNTABILITIES

Principle accountabilities include:

Program Directors

- Along with Training Coordinator, determine staff training needs for calendar year by conducting continual needs assessments throughout the year. Contact Training Coordinator for samples of needs assessment tools to gain input from staff. Incorporate grant and contract requirements when determining staff training needs. Keep needs assessments on file per record retention policy if required by licensing or other external sources.
- Complete internal training request form(s) (see attached) based upon needs assessment. Review internal training request form with Vice President and forward to Training Coordinator.
- As other training needs arise throughout the year, follow procedures above and submit internal training request forms to Training Coordinator.

Training Coordinator

- Review internal training request forms to ensure that there is no duplication and create an action plan for implementation..
- Update trainings on Intranet..
- Coordinate New Employee Orientation
- Coordinate Annual All Staff Development Day
- Upload training calendar and trainings throughout the year..
- Produce and present quarterly report to Leadership Team on Training Dashboard
- Disseminate training report to employees and supervisors.
- Include copy of training reports in employee files.

Other responsibilities include:

- Determine and schedule trainers.
- Reserve training space.
- Reserve materials needed for training.
- Use the Intranet and internal email to promote training in effective intervals (i.e. one month and two weeks prior to training) as necessary.
- Accept and confirm registrations to determine if minimum attendees warrant holding training
- Attend training or designate another person to facilitate sign-in, introduce trainer, and administer evaluations
- Review feedback to make adaptations to future training opportunities.

Employees

- Find training appropriate to position in collaboration with supervisor
- Register for training with Training Coordinator or external vendor
- Notify Training Coordinator 72 hours prior to scheduled training if unable to attend

ATTACHMENTS

- Sign-In sheet

Related Policies and Procedures

Refer to "Continuing Education," "Time Away From Work," "Reimbursable Expenses," and "Affirmative Action/Equal Employment Opportunities" in the Heartland Family Service Employee Handbook.

Refer to "Supervision and Training Guidelines," "Out of Town Travel," and "Leave of Absence Procedures" in General Policies and Procedures on the Intranet.

**HEARTLAND FAMILY SERVICE
STAFF TRAINING SIGN-IN SHEET**

TOPIC OF TRAINING: _____

DATE: _____ HOURS OF TRAINING: _____

TRAINER(S): _____ (SIGNATURE) _____

**PLEASE RETURN COMPLETED LIST TO THE TRAINING COORDINATOR ALONG WITH
OTHER REQUIRED FORMS.**

NAME (PLEASE PRINT)	SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

NAME (PLEASE PRINT)	SIGNATURE
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	

NOTE: TURN IN TO TRAINING COORDINATOR ALONG WITH "TRAINING EVALUATION" FORM WITHIN 5 WORKING DAYS FOLLOWING THE SCHEDULED TRAINING.

Heartland Family Service Year One Training Requirements (Revised June 2015) Therapeutic Professional Services				
	Position:	Name:	1 st Day of Employment:	
Training	Instructional Method	Number of hours	Completion Timeframe	Date Completed
New Employee Onboarding Orientation with HR	Classroom	1.5	Upon Hire	
NEO – Agency Overview	Classroom	.5	First 3 Months	
NEO – DiSC Profile	Classroom	1.5	First 3 Months	
NEO – Ethics/Client Rights/Therapeutic Boundaries	Classroom	1.5	First 3 Months	
NEO – IT Overview and Network Orientation	Classroom	.75	First 3 Months	
NEO – Creating a Culture of Trauma Informed Care	Classroom	1.5	First 3 Months	
NEO – Collaborative Problem Solving	Classroom	1.5	First 3 Months	
NEO – Fiscal and HR Overview	Classroom	.5	First 3 Months	
NEO – Stages of Development/Youth and Trauma	Classroom	1	First 3 Months	
NEO – Creating a Culture of Inclusion at HFS	Classroom	2	First 3 Months	
NEO – Mandatory Reporting of Abuse and Neglect	Classroom	3	First 3 Months	
NEO – Community Relations/Brand Management	Classroom	1.5	First 3 Months	
Review ASAM PPC22 Utilization Placement Criteria			First 3 Months	
Culture of Emotions	Video	1	First 3 Months	
Medication Training (If applicable)	Classroom	2	First 3 Months	
Personal Safety in the Community/Verbal De-escalation (If applicable)	Classroom	1.5	First 3 Months	
Substance Abuse Recognition (If applicable)	Classroom	1.5	First 3 Months	
Suicide Prevention and Assessment (If applicable)	Classroom	1.5	First 3 Months	
CPI – Nonviolent Crisis Intervention (If applicable)	Classroom	8	First 3 Months	
First Aid/CPR/AED & Blood Borne Pathogens (If applicable)	Classroom	6	First 3 Months	
Defensive Driving (If applicable)	Classroom	4	First 3 Months	
ECHO Clinicians/NetSmart MyEvolv (If applicable)	Self-Study		Upon Hire	
Agency Bus Tour/Meet CEO	Tour	6	First Year	
Total Quality 101	Classroom	1	First Year	
Fall Policy Review	Classroom	.5	Annually	
Spring Policy Review	Classroom	.5	Annually	
Presidents Day All Staff Development Day	Workshop	7.5	Annually	
Cultural Diversity	Classroom/ DVD/Books/ Events	3	First year & Annually	

Incomplete trainings are scheduled for completion or part of the current 2011 Agency Training Plan

**Heartland Family Service
Year One Training Requirements (Revised June 2015)
Non-Therapeutic Professional Services**

	Position:	Name:	1 st Day of Employment:	
--	-----------	-------	------------------------------------	--

Training	Instructional Method	Number of hours	Completion Timeframe	Date Completed
New Employee Onboarding Orientation with HR	Classroom	1.5	Upon Hire	
NEO – Agency Overview	Classroom	.5	First 3 Months	
NEO – DiSC Profile	Classroom	1.5	First 3 Months	
NEO – Ethics/Client Rights/Therapeutic Boundaries	Classroom	1.5	First 3 Months	
NEO – IT Overview and Network Orientation	Classroom	.75	First 3 Months	
NEO – Creating a Culture of Trauma Informed Care	Classroom	1.5	First 3 Months	
NEO – Collaborative Problem Solving	Classroom	1.5	First 3 Months	
NEO – Fiscal and HR Overview	Classroom	.5	First 3 Months	
NEO – Stages of Development/Youth and Trauma	Classroom	1	First 3 Months	
NEO – Creating a Culture of Inclusion at HFS	Classroom	2	First 3 Months	
NEO – Mandatory Reporting of Abuse and Neglect	Classroom	3	First 3 Months	
NEO – Community Relations/Brand Management	Classroom	1.5	First 3 Months	
Medication Training (If applicable)	Classroom	2	First 3 Months	
Personal Safety in the Community/Verbal De-escalation (If applicable)	Classroom	1.5	First 3 Months	
Substance Abuse Recognition (If applicable)	Classroom	1.5	First 3 Months	
Suicide Prevention and Assessment (If applicable)	Classroom	1.5	First 3 Months	
CPI – Nonviolent Crisis Intervention (If applicable)	Classroom	8	First 3 Months	
First Aid/CPR/AED & Blood Borne Pathogens (If applicable)	Classroom	6	First 3 Months	
Defensive Driving (If applicable)	Classroom	4	First 3 Months	
ECHO Clinicians/NetSmart MyEvolv (If applicable)	Self-Study		Upon Hire	
Agency Bus Tour/Meet CEO	Tour	6	First Year	
Total Quality 101	Classroom	1	First Year	
Fall Policy Review	Classroom	.5	Annually	
Spring Policy Review	Classroom	.5	Annually	
Presidents Day All Staff Development Day	Workshop	7.5	Annually	
Cultural Diversity	Classroom/ DVD/Books/ Events	3	First year & Annually	

Incomplete trainings are scheduled for completion or part of the current 2011 Agency Training Plan

Heartland Family Service Year One Training Requirements (Revised June 2015) Supervisory/Management Employees				
	Position:	Name:	1 st Day of Employment:	
Training	Instructional Method	Number of hours	Completion Timeframe	Date Completed
New Employee Onboarding Orientation with HR	Classroom	1.5	Upon Hire	
NEO – Agency Overview	Classroom	.5	First 3 Months	
NEO – DISC Profile	Classroom	1.5	First 3 Months	
NEO – Ethics/Client Rights/Therapeutic Boundaries	Classroom	1.5	First 3 Months	
NEO – IT Overview and Network Orientation	Classroom	.75	First 3 Months	
NEO – Creating a Culture of Trauma Informed Care	Classroom	1.5	First 3 Months	
NEO – Collaborative Problem Solving	Classroom	1.5	First 3 Months	
NEO – Fiscal and HR Overview	Classroom	.5	First 3 Months	
NEO – Stages of Development/Youth and Trauma	Classroom	1	First 3 Months	
NEO – Creating a Culture of Inclusion at HFS	Classroom	2	First 3 Months	
NEO – Mandatory Reporting of Abuse and Neglect	Classroom	3	First 3 Months	
NEO – Community Relations/Brand Management	Classroom	1.5	First 3 Months	
Medication Training (If applicable)	Classroom	2	First 3 Months	
Personal Safety in the Community/Verbal De-escalation (If applicable)	Classroom	1.5	First 3 Months	
Substance Abuse Recognition (If applicable)	Classroom	1.5	First 3 Months	
Suicide Prevention and Assessment (If applicable)	Classroom	1.5	First 3 Months	
CPI – Nonviolent Crisis Intervention (If applicable)	Classroom	8	First 3 Months	
First Aid/CPR/AED & Blood Borne Pathogens (If applicable)	Classroom	6	First 3 Months	
Defensive Driving (If applicable)	Classroom	4	First 3 Months	
ECHO Clinicians/NetSmart MyEvolv (If applicable)	Self-Study		Upon Hire	
Agency Bus Tour/Meet CEO	Tour	6	First Year	
Total Quality 101	Classroom	1	First Year	
Fall Policy Review	Classroom	.5	Annually	
Spring Policy Review	Classroom	.5	Annually	
Presidents Day All Staff Development Day	Workshop	7.5	Annually	
Cultural Diversity	Classroom/ DVD/Books/ Events	3	First year & Annually	

Incomplete trainings are scheduled for completion or part of the current 2011 Agency Training Plan

Supervisory 101

<u>Session</u>	<u>Trainer</u>	<u>Date</u>
Recruitment and Retention	<i>Shamala Nadason</i>	March 16
Supervision Basics	<i>Shamala Nadason</i>	May 18
Coaching and Performance	<i>Shamala Nadason</i>	July 20
Self-Care and Emotional Intelligence	<i>Spencer Cohorst</i>	September 21
Team Building	<i>Spencer Cohorst</i>	November 16

Framework:

- All Training sessions will include role playing, case studies, group exercises and homework
- Location – Central Office 2nd Floor Training Room
- Frequency – Monthly (3rd Wednesday Morning of Every Month)
- ½ day sessions (3-4 hours trainings are scheduled from 8:30 am to 12:00 pm)
- Minimum class size – 3 Participants
- Maximum per class – 16 Participants



PROFESSIONAL COUNSELING POLICIES AND PROCEDURES

INTAKE & ELIGIBILITY

Effective date: 5/18/95

Reviewed by Clinical Supervisors: 6/15/2015

Revised 6/15/2015

Reviewed by Behavioral Health Team:
6/25/2015

Clients seeking Professional Counseling services will typically contact the agency through a centralized intake procedure. The purpose of Central Intake is

- 1) To screen client calls about services provided by the agency;
- 2) To refer client callers who are not appropriate to other community providers or information and referral services which can meet their needs
- 3) To direct clients to agency providers and services that best meet their needs;
- 4) To initiate the client's demographic record;
- 5) To establish fees, determine appropriate payment sources; and initiate any necessary authorization processes;
- 6) To collect, maintain, and report data regarding the characteristics and needs of our client population.

In some programs which operate on an outreach model, and/or where it is not possible for clients to initiate a call to Central Intake, some or all of the functions of Central Intake may be performed by designated clinicians and support staff.

INTAKE PROCESS

Clients will call one central phone number and be connected with Central Intake worker who will listen to the client's concerns, assess for the type and level of service needed, and refer them to the Heartland Family Service program(s) which will best help the client solve their particular problem. Callers may be directed to Central Intake from any point within any Heartland Family Service program. In most cases, a client's call can be transferred directly to Central Intake.

If the client's need is for a type or level of service that cannot be provided by Heartland Family Service, the Central Intake worker will offer appropriate community referrals. If the client is an outpatient counseling candidate, an appointment can be made for any counseling office location on the first call.

Central Intake workers will document all calls including reasons for referral out of the agency. This data will regularly be tabulated and will be used to assess unmet client and community needs, and will serve as a basis for developing or modifying our services or reallocating resources.

It is the goal of Central Intake to respond to every service request within the same day, or at most within one business day. Clients who appear appropriate for the level of care provided by Professional Counseling will usually be given an appointment at the time of their call. If this is not possible, the client will be so informed and will be offered the choice of waiting for a call back or seeking out other services.

SERVICE PRIORITIES

It is the intent of Central Intake to respond to all requests in an equitable manner. There will, however, be occasions when certain service needs will be given priority; and those situations could include:

1. Emergency circumstances such as acute mental health crisis, child abuse, suicide ideation, or domestic violence.
2. Urgent cases, for example substance abusing females who are pregnant
3. Intra-agency referrals
4. Clients for whom we have specific program requirements or contractual obligations.

Substance Abuse Programs:

These clients are scheduled for substance abuse evaluation and treatment as the highest priority within 48 hours of the initial contact:

1. Pregnant intravenous drug using women
2. Pregnant substance abusers
3. Intravenous drug users

Following these three priorities, others are placed on a waiting list and admitted as soon as possible:

4. Women and women with children
5. Persons receiving SSI and SSDI
6. Persons committed by the Mental Health Board
7. Persons with final discharge plan or discharged from a hospital or inpatient setting.
8. All others.

When admitting persons from the waiting list, those persons with the highest priority number are contacted first, starting with the person who has been on the list the longest. This procedure is repeated for each priority level on the waiting list.

SCREENING

The primary goal of Central Intake is to connect callers with the general type and level of care that they need, beginning with an appropriate assessment. This process is based on a screening of callers to determine the nature of the presenting problems. Central Intake may also schedule initial evaluations to further clarify the type of help needed. If the caller is determined to be appropriate for the type and level of care provided by Professional Counseling or Community Education, he or she can be directly enrolled at the time of the call. If Heartland Family Service cannot provide the appropriate type or level of service, the caller will be offered information and referral assistance.

INITIAL SCREENING PROCESS

Clients may apply for service directly, with or without a referral from another resource. This screening process requires only a contact by the client with the agency. The request for treatment services is usually made by telephone, but may be walk-in. Clients may also be directed to Central Intake via a call transfer from any other Heartland Family Service location.

Individuals and families may be referred by schools, physicians, psychiatrists, lawyers, the courts, employers, social service agencies, and other organizations.

Clients may call Central Intake with a specific request for counseling or other agency services, and/or for information and referral to other community services.

Central Intake is staffed by experienced Program Specialists, supported by the agency's computer system, and supervised by clinical staff. The Central Intake Unit receives initial appointment calls for all of the agency's counseling requests. The schedules for all clinical staff are available to the central intake staff for the direct booking of client intake appointments.

The Central Intake staff determines if the caller meets the general criteria for agency service, determines any priorities based on agency contracts or special programs, basing assignment on time availability and staff expertise, and establishes with the client initial planning regarding fees and the use of health insurance. At the time of the initial call the possibility of referral to a short-term educational group or treatment group is considered and offered if appropriate.

For each call, Central Intake will determine one of the following:

1. The caller is eligible and appropriate for a Heartland Family Service program
 - a. If the service is available Central Intake will proceed to enroll the caller
 - b. If the service is unavailable within one week, the client will be so informed. If urgent, the client will be offered alternative referrals. Central Intake may also search for additional urgent appointment times as program availability permits
2. The caller is ineligible or inappropriate for a Heartland Family Service program
 - a. The caller will be directed to other community resources that may be more suitable.

When clients will be scheduled for initial appointments, basic client information is collected by the Central Intake staff during the initial telephone call and is provided via the 'Notes Page' to the therapist/office location for the development of more detailed information.

CONSENT TO TREATMENT

All Heartland Family Service programs and services require the consent of the person to be served, or the consent of the parent or legal guardian of a minor child; or the legal guardian of an adult who is not legally competent to give consent. If there is reason to believe at the time of intake that 1) there is a question of an adult's competency, 2) a child has a legal guardian other than the parent or 3) the legal status of divorced parents is not clear; the intake worker will request documentation of guardianship or custody before proceeding with an appointment.

When we receive requests for services for an adult other than the caller, -- for example, a 60 yr. old parent calling on behalf of an adult son still at home -- we will ask them to have the person call directly, unless there is an issue of competency of the adult client. We can also offer family

therapy services when one family member is concerned about the behavior of someone else in the family, but they will not agree to services.

ELIGIBILITY CRITERIA

Each clinical program of Professional Counseling has defined clinical criteria which are used to determine appropriate client referral, placement, and discharge. Identification of individuals and families with co-occurring conditions and multiple needs are done using an integrated assessment process. The following are to be used as decision making guidelines for client placement.

Outpatient Counseling Services

Inclusion Criteria: Clients are suitable for inclusion in outpatient counseling when:

1. The client presents with problems due to transitional issues with clearly identifiable stressors or changes precipitating those problems; for example, parent-child conflict, divorce, marital strife, school failure, job loss, etc.
2. Axis 1 diagnosis is appropriate to focus clinical intervention and a workable treatment plan can be developed and implemented
3. If client has a major mental disorder or Axis 2 diagnosis in addition to the transitional or adjustment issue they present for treatment, it is being adequately treated and the person is compliant in any treatment recommendations including medication if applicable.
4. There is no apparent concern about severe unstable suicidal ideation, behavior, or any threat to another person
5. Client is reasonably willing to participate in the therapeutic process. If client is a minor, parent is willing to consent to and participate in treatment. Exceptions can be made in urgent cases (see CONSENT TO TREATMENT in Administrative Manual)
6. If there is concern about domestic abuse and/or child maltreatment, it is determined that the client can safely engage in treatment

Exclusion Criteria: Clients are not suitable for inclusion in outpatient counseling services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. Client has an acute mental health problems or symptoms which require immediate primary focus in the treatment; client is referred to the hospital
2. Client has symptoms of a major mental disorder such as moderate to high risk of harm to self or others; or somatic or physiological symptoms indicative of a major mental disorder; which requires primary or concurrent treatment
3. There is a high risk of domestic violence or child abuse; and the client(s) must be provided with a safe environment before the treatment process is initiated.
4. Client or parent/guardian refuses to consent to treatment or to engage in the treatment process; despite our efforts to help them do so.
5. Clients who request services but do not acknowledge or identify a specific reason or problem amenable to treatment; and who lack even minimal commitment or motivation to make changes. These people should be encouraged to talk further with the referring source to clarify the purpose of the referral before being accepted for treatment at Heartland Family Service.
6. Clients who have previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client has achieved his or her treatment goals
2. Client has made sufficient progress that less intensive or informal services are sufficient to meet their needs.
3. Client condition has changed, requiring a higher level of care.
4. Client is a danger to self/others or environment is unsafe
5. Client refuses to attend, participate, and/or cooperate in treatment process; consistently fails to attend appointments

Employee Assistance Counseling Services

Clients are suitable for inclusion in employee assistance counseling when:

1. The client presents with social, emotional, or interpersonal problems which affect their capacity to perform successfully on the job
2. The problem is appropriate to assessment and referral and/or short term, solution focused Intervention; within the time frame established by the EAP contract
3. If a mandated referral, client is willing to authorize communication with the supervisor
4. Client is reasonably willing to participate in the therapeutic process. If client is a minor, parent is willing to consent to and participate in treatment.
5. Client meets any eligibility criteria established by the employer who contracts for EAP services

Clients are not suitable for inclusion in employee assistance counseling services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. Client has acute mental health problems or symptoms which require immediate primary focus in treatment; client is referred to psychiatric or mental health treatment
2. Client or parent/guardian refuses to consent to treatment or to engage in the treatment process; despite our efforts to help them do so.
3. Clients who request services but do not acknowledge or identify a specific reason or problem amenable to treatment; and who lack even minimal commitment or motivation to make changes. These people should be encouraged to talk further with the referring source to clarify the purpose of the referral before being accepted for treatment at Heartland Family Service.
4. Clients who have previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client has achieved his or her service or treatment goals
2. Client has completed the allowable number of treatment contacts
3. Client condition has changed, requiring a higher level of care.
4. Client has been transitioned to ongoing treatment if needed.
5. Client refuses to attend, participate, and/or cooperate in treatment process; consistently fails to attend appointments

Outpatient Mental Health Services

Clients are suitable for inclusion in outpatient mental health counseling when:

1. The client demonstrates symptoms of an Axis 1 mental health diagnosis which is amenable to outpatient treatment intervention at this level
2. Treatment can realistically be expected to help the client improve and maintain their level of functioning
3. If there is suicidal ideation; it is possible to develop an effective safety plan, which the client and/or others in their home environment will follow.
4. If there is a major mental disorder, the client is willing to be seen by a PhD or MD for diagnosis and concurrent treatment of the disorder; and to be compliant in treatment recommendations, including medication if recommended
5. There is reasonable motivation and cooperation from the client and significant others involved in the therapy

Clients are not suitable for inclusion in outpatient counseling services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. Client is unable to commit to a safety plan to protect against self harm or harm to others
2. Client is unwilling to cooperate in obtaining medical or psychiatric treatment, or to follow these treatment recommendations
3. Client is assessed as needing a higher level of care
4. Client is medically at risk such as eating disorder at level of severity that health is affected
5. There is a high risk of domestic violence or child abuse, and the client(s) must be provided with a safe environment before engaging in the treatment process
6. Client refuses to consent to treatment or to engage in the treatment process; despite our efforts to help them do so.
7. Clients who have previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client symptoms are resolved, functioning is improved, and treatment goals are met
2. Client is appropriate for less intensive services or informal support services.
3. Client is assessed as needing a higher level of care
4. Client refuses to attend or cooperate in essential treatment activities

Intensive Outpatient Mental Health Services

Clients are suitable for inclusion in intensive outpatient mental health counseling when:

1. The client has an Axis 1 diagnosis for which an effective outpatient treatment plan can be established.
2. It is reasonable to expect that this service will result in progress toward specific treatment goals and will prevent the need for a more intensive level of care.
3. The symptoms presented significantly interfere with the client's functioning.
4. There are conditions in the home and family, which could limit the effectiveness of the client's therapy unless treatment is intensified. These conditions are specifically identified and become the focus for intensive intervention.

5. The client and family (if applicable) are in agreement with the need for intensive intervention; and are cooperative in scheduling and keeping appointments.
6. The client is reasonably willing to participate in the therapeutic process. If client is a minor, parent is willing to consent to and participate in treatment. Exceptions can be made in urgent cases (see CONSENT TO TREATMENT in Administrative Manual)
7. If intensive services are home based, conditions in the home are reasonably safe for the client as well as for the professional staff to work. Family is willing to permit professional staff to provide services in their home.

Clients are not suitable for inclusion in intensive outpatient mental health services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. Client is a danger to self or others
2. The home environment is unsafe (applies to home based programs)
3. There is sufficient impairment that a higher level of care is needed
4. Client could benefit from less intensive levels of service
5. Client or parent/guardian refuses to consent to treatment or to engage in the treatment process; despite our efforts to help them do so.
6. Clients who have previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. The client has made sufficient progress that he or she can be effectively sustained through less intensive services
2. If home based therapy: the home environment becomes unsafe
3. The client is a danger to self or others
4. The client consistently refuses to participate or keep appointments.
5. The client's condition has changed, requiring a higher level of care

Substance Abuse Treatment

Clients are suitable for inclusion in outpatient substance abuse counseling when:

1. Client is diagnosed as having a substance abuse or substance dependence disorder
2. Applying ASAM patient placement criteria, the client is appropriate for outpatient or intensive outpatient (Iowa) level of care
3. If there is an additional mental health diagnosis, it is either being treated, or could be treated effectively, in the mental health program of Heartland Family Service; or by an outside provider if appropriate
4. If client is a family member of a substance abuse client: there is a diagnosis or condition such as relational or adjustment problems which is directly related to the substance abuse of their family member

Clients are not suitable for inclusion in outpatient substance abuse counseling services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. There is no substance related diagnosis

2. Client's substance abuse/dependence disorder is in remission and the client has established a support system.
3. There is a major mental disorder which requires immediate treatment intervention and which would interfere in effective substance abuse outpatient treatment
4. Client is a danger to self or others
5. Client is assessed based on ASAM Patient Placement Criteria as needing a higher level of care
6. Client has previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client has achieved his or her treatment goals
2. Client has made sufficient progress that less intensive or informal services are sufficient to meet their needs.
3. Client condition has changed, requiring a higher level of care.
4. Client is a danger to self/others or environment is unsafe
5. Client refuses to attend, participate, and/or cooperate in treatment process; consistently fails to attend appointments

Compulsive Gambling Treatment

Clients are suitable for inclusion in outpatient compulsive gambling counseling when:

1. Client is diagnosed as having a pathological gambling problem
2. The client is appropriate for outpatient level of care
3. If there is an additional mental health or substance abuse diagnosis, it is either being treated concurrently, or could be treated effectively, in the mental health program of Heartland Family Service; or by an outside provider if appropriate
4. If client is a family member of a gambling client: there is a diagnosis or condition such as relational or adjustment problems which is directly related to the gambling problem of their family member

Clients are not suitable for inclusion in outpatient compulsive gambling counseling services when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. There is no pathological gambling diagnosis
2. There is a major mental disorder, or a substance abuse disorder, which requires immediate treatment intervention and which would interfere in effective outpatient treatment
3. Client is a danger to self or others
4. Client is assessed as needing a higher level of care
5. Client has previously abused agency resources such as repeated appointment failures

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client has achieved his or her treatment goals
3. Client has made sufficient progress that less intensive or informal services are sufficient to meet their needs.
3. Client condition has changed, requiring a higher level of care.

4. Client is a danger to self/others or environment is unsafe
5. Client refuses to attend, participate, and/or cooperate in treatment process; consistently fails to attend appointments

Domestic Abuse Treatment Services/ Men's Battering Intervention Program

Clients are suitable for inclusion in the Battering Intervention Program when:

1. Client demonstrates motivation to change his/her violent and coercive behavior.
2. Client is willing to agree to the terms and conditions of participation in the program.
3. Client has basic literacy skills sufficient to benefit from and effectively participate in the program
4. Client has understanding of the English language.
5. Client is willing to abstain from alcohol and/or drugs.
6. Client is willing to follow assessment recommendations for other mental health, parenting, sexual abuse, or drug or alcohol treatment.

Clients are not suitable for inclusion in the Battering Intervention Program when any of these conditions are present; client will be referred to a more appropriate type or level of care:

1. Client has severe character deficits or psychological pathology which is not amenable to treatment
2. Severe untreated substance abuse problem
3. High risk for lethality.
3. Those having rejected prior intervention opportunities may be given low or no priority for service.
4. Career criminals with histories of violent conduct may be inappropriate for intervention services.

Discharge or Program transfer criteria: Clients will be discharged from this type of treatment, and if necessary referred to other types of treatment, when:

1. Client has achieved his or her treatment goals
2. Other mental health or substance abuse problems interfere significantly with treatment and must be addressed if client is to benefit
3. Client is a danger to self/others or environment is unsafe
4. Client refuses to attend, participate, and/or cooperate in treatment process; consistently fails to attend appointments.



Heartland Family Service Confidential Client Intake Form

Office: _____

Therapist/Counselor: _____

Date of Intake: _____

Date/Time of 1st Appointment: _____

PLEASE PRINT

INCOMING STATUS: ☐ NEW CLIENT ☐ PREVIOUS CLIENT

LAST NAME		FIRST NAME		MAIDEN NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	
FULL NAME OF RESPONSIBLE PARTY (if the client has a parent/guardian) AND RELATIONSHIP				RESPONSIBLE PARTY'S ADDRESS			
HOME PHONE- <input type="checkbox"/> NO	OK TO CALL? <input type="checkbox"/> YES	WORK PHONE- <input type="checkbox"/> NO	OK TO CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	# PEOPLE IN HOUSEHOLD?	# OF ADULTS: # OF CHILDREN:	Hourly Wage \$ _____ # of hours / week: _____	
Emergency Contact Name:		Emergency Contact Phone #:		Client Race:	Client Ethnicity	Client Marital Status:	
INSURANCE (IF APPLICABLE) COMPANY NAME:				ELIGIBILITY PHONE NUMBER:			
POLICY HOLDER'S NAME:				POLICY HOLDER'S SS#:			
POLICY HOLDER'S GROUP#:				RELATIONSHIP TO CLIENT:			
POLICY TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY/GROUP PLEASE BRING YOUR INSURANCE CARD TO YOUR APPOINTMENT TO BE COPIED FOR YOUR RECORDS.				I give consent to Heartland Family Service to release any information needed to determine benefits under any or all insurance or government programs on _____ (date) at _____ (time). <input type="checkbox"/> YES <input type="checkbox"/> NO			
PAST HISTORY OF TREATMENT / PREVIOUS COUNSELING / THERAPIST'S NAME (IF APPLICABLE):				MEDICATIONS CURRENTLY TAKING:		PHYSICIAN:	
REASON FOR THIS APPOINTMENT:				SPECIAL CONCERNS:		WHO WILL ATTEND THE FIRST APPOINTMENT?	
Recently, have you been feeling depressed, hopeless, anxious, and/or nervous? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had any suicidal or homicidal thoughts? <input type="checkbox"/> YES <input type="checkbox"/> NO How frequently have you been using/doing the following?: <u>Alcohol?</u> _____ <u>Drugs?</u> _____ <u>Gambling?</u> _____ During the past 12 months, have you become restless, irritable, or anxious when trying to stop or cut down on gambling? <input type="checkbox"/> YES <input type="checkbox"/> NO During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? <input type="checkbox"/> YES <input type="checkbox"/> NO During the past 12 months, did you have such financial trouble that you had to get help from family or friends? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had any legal issues in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what? _____ Do you have a court date? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?: _____ Offense / reason for residing at the RCF?: _____ Are you physically disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have an alcohol or drug problem? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever used IV drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, last date of use? _____							

Client legal US citizen or can provide attestation? Yes _____ No _____

TYPE OF INTAKE: MH _____ EAP _____ SA _____ DAP _____ CBE _____ CBP _____ CBR _____ GAMBLING _____ CFP _____ YNT _____ CYS _____ PYS _____

DISTRIBUTION: 1-Client File
Heartland Family ServiceHFS Employee Reviewing/Completing Intake: _____
Page 1 of 1 SEC1-Intake - HFS Confidential Intake Form - 6-6-16 REV

Page 54



Early Childhood (0-7) Mental Health Evaluation

TO:
(Name and Title)
Street Address
City, State and Zip Code
Fax
Phone

A. Demographics

Client Name: _____ **Medicaid or SSN:** _____
Address: _____ **Referral Source:** _____

Client Phone Number: _____ **Client Code:** _____
DOB: _____
Emergency Contact Name, Relationship and Phone Number: _____

Ethnicity, nationality, gender, age and sexual orientation: _____

Current Living Situation: *(foster care, child's permanency goal)* _____

Evaluation Date: _____
Start-Stop Time: _____
Evaluation Completed by: _____
Address: _____
Phone Number: _____
Fax Number: _____
Provider email address: _____

B. Purpose of Evaluation

(Reason for referral to treatment, referral source name and title) _____

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

C. Medical History

Date and results of last physical examination:
Current Primary Care physician:
Current health problems:
Current medications:
Compliance with medications
Allergies:
History of serious injury or illness:
History of head injury or brain injury including loss of consciousness:
Dental Concerns:
Relevant Sexual Health or Sexualized Behavior Concerns:
Nutrition: *(non-nutritive consumption)*
Special Dietary Needs:
Sleep:
Exercise:
Caffeine use:
Tobacco Use:
Other medical or health comments & referrals:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S SELF-MAINTENANCE:	NONE	MILD	MODERATE	SEVERE
Comments:				

D. Early Intervention, Child Care and Current School Placements

Strengths:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S EDUCATIONAL/DAYCARE FUNCTIONING:	NONE	MILD	MODERATE	SEVERE
Comments:				

Addictive Behaviors Summary:

(Any substance use, eating, video games, television etc.):

G. Child History

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

(Child history to include prenatal, infancy and to date; adverse events during pregnancy and child's life; any medical or developmental concerns; child welfare involvement past and current; child's placements/caregivers and duration of each since birth)

H. Parent History

(Parent understanding for the reason for the referral; parent identified questions about the child and any goals they have for assessment or therapy. Parent history to include family of origin, major life events, trauma history, psychiatric, mental health, and substance use; significant medical history; education and work history, criminal history, Adult Attachment Interview)

Cultural & Spiritual Information:

(Families beliefs, religious preference and level of involvement)

H. Psychiatric/Behavioral Summary

Prior psychiatric diagnosis:

Prior psychiatric treatment and outcome:

Exposure to abuse and trauma: *(sexual, physical, emotional, domestic violence, medical, neglect, caregiver substance use)*

Current symptoms *(reference screening tools, mood, behaviors, thoughts and self concept):*

Meets Nebraska SED Criteria:

If yes, please explain:

I. Screening Tools

Eyberg Child Behavior Inventory (ECBI) Ages 2-7

The ECBI is a comprehensive, behaviorally specific rating scale that assesses the current frequency and severity of disruptive behaviors in the home and school settings, as well as the extent to which parents and/or teachers find the behaviors troublesome. By evaluating the variety and frequency of behaviors commonly exhibited by all children, the instrument distinguishes normal behavior problems from conduct-disordered behavior in children and adolescents.

Intensity Score:

Problem Score:

Clinical Cutoff for Intensity is 127; and 11 for Problem, with higher scores suggesting the need for treatment.

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Interpretation:

Child Behavior Checklist (CBCL)

The CBCL is a standardized form that parents fill out to describe their children's emotional and behavioral problems.

(Delete whichever you don't use)

The CBCL 1.5-5 is made up of eight syndrome scales including Emotionally Reactive; Anxious/Depressed; Somatic Complaints; Withdrawn; Attention Problems; Aggressive Behavior; and Sleep Problems.

The CBCL/6-18 is made up of eight syndrome scales including, Anxious/Depressed; Depressed; Somatic Complaints; Social Problems; Thought Problems; Attention Problems; Rule-breaking Behavior; and Aggressive Behavior.

Interpretation:

UCLA PTSD Reaction Index for Children/Adolescents-DSM-5 (Ages 7-12)

The UCLA PTSD Reaction Index is a semi-structured interview that assesses a child's exposure to 14 types of traumatic events and assesses for DSM-5 PTSD symptoms. This screener provides preliminary DSM-5 diagnostic information.

A. Identified trauma:

B. One or more Category B symptoms present:

C. One or more Category C symptoms present:

D. Two or more category D symptoms present:

E. Two or more Category E symptoms present:

F. Symptom duration greater than one month:

G. Symptoms cause clinically significant distress or impairment:

Specify Dissociative Subtype:

One or more dissociative symptoms present:

PTSD-RI Total Scale Score:

Interpretation:

Current Risk Assessment

Domestic Violence:

Child Maltreatment:

Self Injurious Behavior:

Suicidal Ideation and/or Behavior:

Past Suicidal Attempt (dates & techniques):

Other Violence, Homicidal Risk:

Safety Plan:

For any risk factors identified for this client, describe or attach the safety plan which was developed to address immediate safety needs:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Mental Status Observations

PHYSICAL DESCRIPTION OF CLIENT:							
<i>If within normal limits, 'X' in left hand box.</i>							
APPEARANCE AND BEHAVIOR							
Dress/Grooming		Unkempt		Seductive		Casual	
Physical Characteristics		Describe if notable:					
Posture/Gait		Slow		Awkward		Other:	
Facial Expressions		Tics		Inappropriate			
Gross Motor Activity		Hyper		Lethargic		Agitated	
Cooperativeness		Indifferent		Hostile		Guarded	
Comments:							
SPEECH							
Rate		Delayed		Pressured		Rapid	
Loudness		Soft		Loud			
Amount		Excessive		Poverty of		Other:	
Clarity		Slurred		Incoherent		Stuttered	
Comments:							
EMOTIONS							
Mood		Depressed		Anxious		Euphoric	
Affect		Expansive		Constricted		Blunted	
						Angry	
						Irritable	
Comments:							
THOUGHT PROCESS & CONTENT							
Process – Flow of Ideas		Tangential		Flight of Ideas		Other:	
Process – Quality of Associations		Circumstantial		Loose		Other:	
Content – Distortions		Describe:					
Content – Delusions		Persecution		Being Controlled		Grandiose	
Preoccupations		Obsessions		Compulsions		Phobias	
Suicidal Indicators		Ideation		Behavior		Thought Insertion/Deletion	
Homicide/Violence Indicators		Ideation		Behavior		Threats	
Comments:							
PERCEPTION							
Depersonalization/De-realization		Describe if notable:					
Hallucination		Auditory		Visual		Olfactory	
Comments:							
SENSORIUM AND INTELLECT							
Orientation		Disoriented To		Time		Place	
Concentration/Attention		Describe if notable:					
Memory		Impaired		Immediate		Recent	
Fund of Knowledge		Describe if notable:					
Abstraction		Describe if notable:					
Judgment		Impaired		Minimal		Moderate	
Insight		Impaired		Minimal		Moderate	
Intelligence		Superior		Above AVG		Average	
						Severe	
						Severe	
						Below AVG	
Comments:							

Child Mental Status Observations (Birth to Five)

Appearance (nourishment, dress and hygiene, maturity compared to age mates, features)
Apparent Reaction to Situation (initial and adaptation; exploration, transitions)
Self Regulation/Affect (state regulation, sensory regulation, unusual behaviors, activity level,

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

attention span, frustration tolerance, aggression)
Motor (muscle tone, gross and fine motor coordination)
Speech and Language (vocalization, speech production, receptive and expressive language)
Thought (fears, worry, nightmares, dissociative state, hallucinations)
Observations of Parent and Child
<i>(Note may use Crowell tasks, DPICS or general observations during evaluation here)</i>

J. Results of Developmental Screening

(If you administered a formal developmental screening such as the Ages and Stages Questionnaire, summarize the results. If a developmental screening was conducted by another professional such as Early Development Network, and you have been able to obtain the findings, summarize here. Note significant findings.)

K. Collateral Information

(Include client strengths as noted by collateral contacts)

L. Diagnostic Impression

DSM5 Code	ICD-10 Code	Description with Severity	Specifier

Summary and Case formulation

(Client's agenda, preferences, Strengths, Needs, Discrepancies of Information, Behavioral Observations)

Therapist Formulation

*There is a **case formulation** which clearly outlines the therapist's "theory of problem and theory of solution" Hypothesis of the case, identifies psychosocial and therapeutic needs, and outlines appropriate course of treatment.*

***Descriptive:** an integrative statement about the nature, severity and precipitants of the client's presenting concerns.*

***Explanatory:** outlines your understanding of the factors that lead to the development and maintenance of symptoms and dysfunctional life patterns. Provides Structure for understanding of client problems and effective interventions.*

***Treatment Rationale:** an explicit blueprint governing planned interventions and outlining the therapist's expectations for the degree and type of change that can be expected*

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Note if you are unable to make recommendations based on information provided or lack of collateral information)

Discharge criterion:

M. Recommendations

Level of care and other recommendations: *(Parent Child Dyad needs, mental health treatment needs, medical treatment needs, developmental needs, family functioning needs)*

Available level of care/ barriers to recommendations:

Client/family response to recommendation:

Therapist Signature

Date

Clinical Supervisor Signature

Date

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14



**Child and Youth Integrated Addiction
And Mental Health Evaluation (8-18)**

TO:
(Name and Title)
Street Address
City, State and Zip Code
Fax
Phone

A. Demographics

Client Name:	Medicaid or SSN:
Address:	Referral Source:
Client Code:	Race & Ethnicity:
DOB:	Age:

Emergency Contact Name, Relationship and Phone Number:

Current Living Situation: *(foster care, child's permanency goal)*

Evaluation Date:

Start-Stop Time:

Evaluation Completed by:

Address:

Phone Number:

Fax Number:

Provider email address:

B. Purpose of Evaluation

(Reason for referral to treatment, referral source name and title)

C. Medical History

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Date and results of last physical examination:
Current Primary Care physician:
Current health problems:
Current medications:
Compliance with medications
Allergies:
History of serious injury or illness:
History of head injury or brain injury including loss of consciousness:
Dental Concerns:
Relevant Sexual Health or Sexualized Behavior concerns:
Nutrition: *(non-nutritive consumption)*
Special Dietary Needs:
Sleep:
Exercise:
Caffeine use:
Tobacco Use:
Other medical or health comments & referrals:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S SELF-MAINTENANCE:	NONE	MILD	MODERATE	SEVERE
Comments:				

D. Work/School/Military History

Education History:

Work History:

Military History:

Strengths:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S OCCUPATIONAL AND EDUCATIONAL FUNCTIONING:	NONE	MILD	MODERATE	SEVERE
Comments:				

E. Social/Peer History

(Leisure activities, client support system, intimate partner relationship)

F. Addictive Disorder Summary

Substance Use Summary:

(Previous treatment location and length of stay, prior evaluations and recommendations, current compliance with relapse prevention plan, periods of abstinence)

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:		
<input type="checkbox"/>	More consumed than intended	
<input type="checkbox"/>	Efforts to cut down unsuccessful	
<input type="checkbox"/>	Increased time spent obtaining/using	
<input type="checkbox"/>	Craving or strong desire to use	
<input type="checkbox"/>	Neglect of Obligations	
<input type="checkbox"/>	Social Problems	
<input type="checkbox"/>	Activities given up or reduced	
<input type="checkbox"/>	Physically hazardous use	
<input type="checkbox"/>	Continued use despite physical or psychological consequences	
<input type="checkbox"/>	Increased Tolerance	
<input type="checkbox"/>	Withdrawal	

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:		
<input type="checkbox"/>	More consumed than intended	
<input type="checkbox"/>	Efforts to cut down unsuccessful	
<input type="checkbox"/>	Increased time spent obtaining/using	
<input type="checkbox"/>	Craving or strong desire to use	
<input type="checkbox"/>	Neglect of Obligations	

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

	Social Problems	
	Activities given up or reduced	
	Physically hazardous use	
	Continued use despite physical or psychological consequences	
	Increased Tolerance	
	Withdrawal	

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:		
	More consumed than intended	
	Efforts to cut down unsuccessful	
	Increased time spent obtaining/using	
	Craving or strong desire to use	
	Neglect of Obligations	
	Social Problems	
	Activities given up or reduced	
	Physically hazardous use	
	Continued use despite physical or psychological consequences	
	Increased Tolerance	
	Withdrawal	

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

SASSI-A2

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

The Adolescent Substance Abuse Subtle Screening Inventory, Second Edition (SASSI-A2) was administered as a part of this evaluation. The SASSI-A2 is a psychometrically validated instrument used to identify individuals who have a high probability of having a substance use disorder.

SASSI – A2 Individual Scale Scores:

FVA Face Valid for Alcohol	FVOD Face Valid for Other Drugs	FRISK Family — Friends Risk	ATT Attitudes	SYM Symptoms	OAT Obvious Attributes

SAT Subtle Attributes	DEF Defensiveness	SAM Supplemental Addiction Measure	COR Correctional	VAL Validity Check	SCS Secondary Classification Scale

The **Face Valid** scales are straight forward measures of acknowledged alcohol and drug use, motivation, and consequences of usage, and loss of control.

Elevated Family-Friends Risk (FRISK) Clients who have an elevated FRISK score are likely to be part of a family or social system that may promote rather than prevent substance misuse. Therefore, adolescents with elevated FRISK scores may have difficulty recognizing and accepting the consequences of their substance misuse. They may view the problems associated with substances misuse as trivial or inevitable. They are likely to be particularly resistant to accepting limits and supervision.

Elevated Symptoms (SYM) score. The SYM scale is a face valid measure of consequences of substance misuse and loss-of-control in usage. Elevated scores on the SYM scale are an indication of the client's willingness to disclose relevant behavior. Clients with elevated SYM scores may need a highly structured and supportive program to assist them in making the difficult changes necessary to avoid continued substance misuse.

Elevated Attitudes (ATT) score. The ATT is a face valid measure of the client's attitudes and beliefs regarding substance use. The higher the score, the more likely the adolescent is to be predisposed toward substance misuse. Clients who have high scores on this scale are likely to become defensive if they are confronted regarding the consequences of their substance use. It is likely that adolescents with an elevated ATT score will need a great deal of structure, supervision, and support to make significant changes in their substance use.

Elevated Obvious Attributes (OAT) score. Prior clinical experience with the OAT scale suggests that people with elevated OAT scores recognize that they have a history of problematic behavior similar to that shown by individuals who have a pattern of misusing substances. Although people with elevated OAT scores are able to acknowledge problems in their lives, this does not necessarily mean that they have the insight to identify causes of those problems such as substance misuse. They also may not be

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

able to recognize and accept that it is within their power to alleviate those problems by changing their behavior. However, they are likely to be able to identify with other individuals who have substance use disorders, including those who are working on overcoming those problems. They may, therefore, respond well to group programs including appropriate self-help groups.

Elevated Subtle Attributes (SAT) score. Elevated SAT scores suggest the possibility of problems or characteristics that often accompany substance misuse. However, elevated SAT is also an indication of a lack of awareness and insight. Clients with elevated SAT scores may be able to acknowledge specific behaviors associated with substance misuse, but they may also have difficulty recognizing that those behaviors are indicative of a substance-related problem. More generally, clients with elevated SAT scores may find it difficult to recognize and identify their feelings and thereby not experience an internal pressure to change.

Elevated Defensiveness (DEF) score. Clients with elevated DEF scores have responded similarly to other teens that were instructed to conceal evidence of their substance misuse. Thus, they are likely to have responded to the SASSI-A2 in a defensive manner and may be responding defensively to the entire assessment process. Further the defensiveness may extend beyond substance misuse and reflect a larger tendency to avoid acknowledging, and possibly recognizing, personal limitations or problems.

Low Defensiveness (DEF) score. A low DEF score can be perceived as reflecting negatively on himself. This may be an indication of a tendency toward self-deprecation or remorse, low self-esteem, and/or depressed affect. Given the possibility that low DEF scores may be an indication of emotional pain, it is advisable to explore that possibility as part of the ongoing assessment process.

Elevated Correctional (COR) score. If a client has an elevated COR score, it is worth assessing the degree of risk for ongoing problems in the criminal justice system. Areas it would be useful to look at include: impulse control, anger management, social skills, internal controls, supervision, and social system.

Gambling Summary:

Brief Bio-social Gambling Screen (BBGS)

1. During the past 12 months, did the client report becoming restless, irritable or anxious when trying to stop/cut down on gambling?
2. During the past 12 months, did the client attempt to keep family or friends from knowing how much he/she gambled?
3. During the past 12 months, did the client have such financial trouble that he/she sought help from family or friends?

BBGS Scoring: Answering 'Yes' to one or more questions indicates likely pathological gambling.

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

Delete items that do not apply in this section (and delete this text)

GAMBLING USE HISTORY				
Age	Game	Amount Spent	How Often Played	Consequences
Narrative / Comments:				
Details of Client's "Big Win"?				

DIAGNOSTIC CRITERIA FOR PATHOLOGICAL GAMBLING	
Persistent and recurring maladaptive gambling behavior as indicated by five (or more) of the following:	
Is PREOCCUPIED by gambling	
Needs to gamble with INCREASING AMOUNTS OF MONEY	
Efforts to cut down unsuccessful	
Is restless or irritable when attempting to cut down or stop	
Gambles as a way of escaping from problems or of relieving a dysphoric mood	
After losing money gambling, often returns another day to get even	
Lies to conceal the extent of involvement with gambling	
Has committed illegal acts	
Has jeopardized or lost a significant relationship, job, educational or career opportunity for gambling	
Relies on others to provide money to relieve a desperate financial situation caused by gambling (BAIL OUT)	
The gambling behavior is not better accounted for by a manic episode	

Other Addictive Behaviors Summary:

(Sex, shopping, eating, video games, pornography, etc.):

G. Legal History

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

(Connection to mental health symptoms, gambling behavior and/or alcohol and drug use)
Criminal history & consequences:

Drug testing results (if available):

For Nebraska Probation Clients Only:

Drug Testing Results:

Simple Screening Instrument (SSI) Results:

Standardized Risk Assessment Report Format (SRARF) Results:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S LEGAL STATUS:	NONE	MILD	MODERATE	SEVERE
Comments:				

H. Child/Family History

(Child history to include prenatal, infancy and to date; adverse events during pregnancy and child's life; any medical or developmental concerns; child welfare involvement past and current; child's placements/caregivers and duration of each since birth. Parent history to include major life events, trauma history, mental health, substance use and significant medical history)

Cultural & Spiritual Information:

(To what degree do the client's cultural & spiritual beliefs affect the presenting issue? Religious preference)

I. Psychiatric/Behavioral Summary

Prior psychiatric diagnosis:

Prior psychiatric treatment and outcome:

Prior Board of Mental Health/Court Commitments:

Exposure to abuse and trauma: *(sexual, physical, emotional, medical, neglect, domestic violence, caregiver substance use)*

Current symptoms:

Meets Nebraska SED Criteria:

If yes, please explain:

J. Screening Tools

Global Appraisal of Individual Needs: Short Screener (GAIN-SS)

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 12-2-14

The GAIN-SS is a brief self-report screening tool that is designed to identify general behavioral health problems for clients. The client's responses produce scores on screeners relevant to Internalizing Disorders (IDScr), Externalizing Disorders (EDScr), Substance Disorder (SDScr), and Crime/Violence (CVScr). A Total Disorder Screener score (TDSr) is also obtained.

Internalizing Disorders Screener (IDScr) Score:

Description:

Externalizing Disorders Screener (EDScr) Score:

Description:

Substance Disorder Screener (SDScr) Score:

Description:

Crime/Violence Screener (CVScr) Score:

Description:

Total Disorder Screener (TDSr) Score:

Description:

PHQ-9 Results

Total Score:

Interpretation:

(delete what does not match)

1-4 Minimal Depression

5-9 Mild Depression

10-14 Moderate Depression

15-19 Moderately Severe Depression

20-27 Severe Depression

Child Behavior Checklist (CBCL Ages 6-18)

The CBCL is a standardized form that parents fill out to describe their children or adolescents emotional and behavioral problems. The CBCL/6-18 is made up of eight syndrome scales including, anxious/depressed; depressed; somatic complaints; social problems; thought problems; attention problems; rule-breaking behavior; and aggressive behavior.

Interpretation of findings:

UCLA PTSD Reaction Index for Children/Adolescents-DSM-5 (Ages 7-12)

The UCLA PTSD Reaction Index is a semi-structured interview that assesses a child's exposure to 14 types of traumatic events and assesses for DSM-5 PTSD symptoms. This screener provides preliminary DSM-5 diagnostic information.

A. Identified trauma:

B. One or more Category B symptoms present:

C. One or more Category C symptoms present:

D. Two or more category D symptoms present:

E. Two or more Category E symptoms present:

F. Symptom duration greater than one month:

G. Symptoms cause clinically significant distress or impairment:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Specify Dissociative Subtype:

One or more dissociative symptoms present:

PTSD-RI Total Scale Score:

Interpretation:

Current Risk Assessment

Domestic Violence:

Child Maltreatment:

Self Injurious Behavior:

Suicidal Ideation and/or Behavior:

Past Suicidal Attempt (dates & techniques):

Other Violence, Homicidal Risk:

Safety Plan:

For any risk factors identified for this client, describe or attach the safety plan which was developed to address immediate safety needs:

Mental Status Observations

PHYSICAL DESCRIPTION OF CLIENT:					
<i>If within normal limits, 'X' in left hand box.</i>					
APPEARANCE AND BEHAVIOR					
Dress/Grooming		Unkempt		Seductive	Casual
Physical Characteristics		Describe if notable:			
Posture/Gait		Slow		Awkward	Other:
Facial Expressions		Tics		Inappropriate	
Gross Motor Activity		Hyper		Lethargic	Agitated
Cooperativeness		Indifferent		Hostile	Guarded
Comments:					
SPEECH					
Rate		Delayed		Pressured	Rapid
Loudness		Soft		Loud	
Amount		Excessive		Poverty of	Other:
Clarity		Sharred		Incoherent	Stuttered
Comments:					
EMOTIONS					
Mood	Depressed	Anxious		Euphoric	Angry Irritable
Affect	Expansive	Constricted		Blunted	Flat Labile
Comments:					
THOUGHT PROCESS & CONTENT					
Process – Flow of Ideas		Tangential		Flight of Ideas	Other:
Process – Quality of Associations		Circumstantial		Loose	Other:
Content – Distortions		Describe:			
Content – Delusions		Persecution	Being Controlled	Grandiose	Thought Insertion/Deletion
Preoccupations		Obsessions	Compulsions	Phobias	Somatic Concerns
Suicidal Indicators		Ideation		Behavior	
Homicide/Violence Indicators		Ideation		Behavior	Threats
Comments:					

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

PERCEPTION					
Depersonalization/De-realization	Describe if notable:				
Hallucination	Auditory	Visual	Olfactory		
Comments:					
SENSORIUM AND INTELLECT					
Orientation	Disoriented To	Time	Place	Person	
Concentration/Attention	Describe if notable:				
Memory	Impaired	Immediate	Recent	Remote	
Fund of Knowledge	Describe if notable:				
Abstraction	Describe if notable:				
Judgment	Impaired	Minimal	Moderate	Severe	
Insight	Impaired	Minimal	Moderate	Severe	
Intelligence	Superior	Above AVG	Average	Below AVG	
Comments:					

J. Collateral Information

(Include client strengths as noted by collateral contacts)

K. Clinical Impression

American Society of Addiction Medicine (ASAM) Multidimensional Assessment:

The American Society of Addiction Medicine Patient Placement Criteria, Third Edition (ASAM)– is utilized to determine the severity of substance use issues and the level of functioning to assist with the identification of the most appropriate level of care.

Acute Intoxication and/or Withdrawal Potential:

Level of Severity:

Justification:

Biomedical Conditions and Complications:

Level of Severity:

Justification:

Emotional / Behavioral / Cognitive Conditions and Complications:

Level of Severity:

Justification:

Readiness to Change:

Level of Severity:

Stage of Change:

Justification:

Relapse / Continued Use Potential:

Level of Severity:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Justification:

Recovery Environment:

Level of Severity:

Justification:

Diagnostic Impressions

DSM5 Code	ICD-10 Code	Description with Severity	Specifier

Summary and Case formulation

(Client's agenda, preferences, Strengths, Needs, Discrepancies of Information, Behavioral Observations, including all co-occurring needs identified)

Therapist Formulation

There is a case formulation which clearly outlines the therapist's "theory of problem and theory of solution" Hypothesis of the case, identifies psychosocial and therapeutic needs, and outlines appropriate course of treatment.

Descriptive: *an integrative statement about the nature, severity and precipitants of the client's presenting concerns.*

Explanatory: *outlines your understanding of the factors that lead to the development and maintenance of symptoms and dysfunctional life patterns. Provides Structure for understanding of client problems and effective interventions.*

Treatment Rationale: *an explicit blueprint governing planned interventions and outlining the therapist's expectations for the degree and type of change that can be expected*

Note if you are unable to make recommendations based on information provided or lack of collateral information)

Discharge criterion:

L. Recommendations

Level of care and other recommendations: (Substance abuse needs, Parent Child Dyad needs, mental health treatment needs, medical treatment needs, developmental needs, family functioning needs)

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 12-2-14

Available level of care/ barriers to recommendations:

Was Education on Medication Assisted Treatment offered?

Client/family response to recommendation:

Therapist Signature

Date

Clinical Supervisor Signature

Date



**Adult Integrated Addiction
And Mental Health Evaluation**

TO:
(Name and Title)
Street Address
City, State and Zip Code
Fax
Phone

A. Demographics

Client Name: **Medicaid or SSN:**
Address: **Referral Source:**

Client Phone Number: **Client Code:**
DOB:
Emergency Contact Name, Relationship and Phone Number:

Ethnicity, nationality, gender, age and sexual orientation:

Current Living Situation:

Evaluation Date:
Start-Stop Time:
Evaluation Completed by:
Address:
Phone Number:
Fax Number:
Provider email address:

B. Purpose of Evaluation

(Reason for referral to treatment, referral source name and title)

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 10-1-15

C. Medical History

Date and results of last physical examination:
Current Primary Care physician:
Current health problems:
Current medications:
Compliance with medications
Allergies:
History of serious injury or illness:
History of head injury or brain injury including loss of consciousness:
Dental Concerns:
Relevant Sexual Health Issues:
Nutrition:
Special Dietary Needs:
Sleep:
Exercise:
Caffeine use:
Tobacco Use:
Other medical or health comments & referrals:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S SELF-MAINTENANCE:	NONE	MILD	MODERATE	SEVERE
Comments:				

D. Work/School/Military History

Education History:

Work History:

Military History:

Strengths:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S OCCUPATIONAL AND EDUCATIONAL FUNCTIONING:	NONE	MILD	MODERATE	SEVERE
Comments:				

E. Addictive Disorder Summary

Substance Use Summary:

(Previous treatment location and length of stay, prior evaluations and recommendations, current compliance with relapse prevention plan, periods of abstinence)

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:	
<input type="checkbox"/>	More consumed than intended
<input type="checkbox"/>	Efforts to cut down unsuccessful
<input type="checkbox"/>	Increased time spent obtaining/using
<input type="checkbox"/>	Craving or strong desire to use
<input type="checkbox"/>	Neglect of Obligations
<input type="checkbox"/>	Social Problems
<input type="checkbox"/>	Activities given up or reduced
<input type="checkbox"/>	Physically hazardous use
<input type="checkbox"/>	Continued use despite physical or psychological consequences
<input type="checkbox"/>	Increased Tolerance
<input type="checkbox"/>	Withdrawal

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:	
<input type="checkbox"/>	More consumed than intended
<input type="checkbox"/>	Efforts to cut down unsuccessful
<input type="checkbox"/>	Increased time spent obtaining/using

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

	Craving or strong desire to use	
	Neglect of Obligations	
	Social Problems	
	Activities given up or reduced	
	Physically hazardous use	
	Continued use despite physical or psychological consequences	
	Increased Tolerance	
	Withdrawal	

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

Substance Used:

(Amount, frequency, and duration of use for each substance, age of first use and date of last use)

DIAGNOSTIC CRITERIA:		
	More consumed than intended	
	Efforts to cut down unsuccessful	
	Increased time spent obtaining/using	
	Craving or strong desire to use	
	Neglect of Obligations	
	Social Problems	
	Activities given up or reduced	
	Physically hazardous use	
	Continued use despite physical or psychological consequences	
	Increased Tolerance	
	Withdrawal	

Mild Substance Use Disorder: 2-3 criteria met

Moderate Substance Use Disorder: 4-5 criteria met

Severe Substance Use Disorder: 6 or more criteria met

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

SASSI-3

was administered the Substance Abuse Subtle Screening, Third Edition (SASSI-3) as an assessment of his/her risk for having a substance use disorder. The SASSI-3 is a psychometrically validated instrument used to identify individuals who have a high probability of having a substance use disorder. This instrument has demonstrated 93% overall accuracy and 94% accuracy of identifying substance dependent individuals. Interpretations of the SASSI profile also assists with recommendations and treatment planning.

Individual Scale Scores:

FVA Face Valid Alcohol	FVOD Face Valid Other Drugs	SYM Symptoms	OAT Obvious Attributes	SAT Subtle Attributes

DEF Defensiveness	SAM Supplemental Addiction Measure	FAM Family vs. Controls	COR Correctional	RAP Random Answering Pattern

The client's scores listed above indicate this client the probability of a (Low/Moderate-Severe) Substance Use Disorder. Scores are clinically elevated on Decision Rule(s) : The client's RAP score of (0-1) indicates the client understood all of the questions.

Further Interpretation of the SASSI profile indicates the following possibilities that may be useful in understanding this client and in treatment planning:

(select all that apply, delete what doesn't apply and delete this sentence)

Elevated Face Valid and SAT scores suggest the client acknowledges having a relatively severe substance dependence disorder.

Elevated OAT scores suggests the client may see self as having some of the characteristics commonly associated with substance dependence, such as impatience, anger management problems, low frustration tolerance, impulsiveness, resentment, self-pity, and grandiosity. Individuals with high OAT scores are often able to relate to and identify with substance dependent people, including those in recovery.

A Very low OAT score may reflect the client's reluctance to acknowledge personal shortcomings, particularly those associated with substance dependence. A very low OAT score sometimes reflect the client's over-reaction to a substance dependent significant other.

An elevated SAT score suggests a possibility the client lacks awareness of the impact substance use has had and/or has difficulty in recognizing and accepting the need for change; this basic personality style is similar to substance dependent people.

*This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 10-1-15*

An elevated SAT score identifies individuals whether or not they were responding honestly on Face Valid and SAT scales. Individuals with elevated SAT scores often reflect a tendency for individuals to be detached from their feelings and to have relatively little insight into the basis and causes of their problems. Clients with high SAT, especially those with SAT higher than OAT, may deny the need for intensive treatment.

An elevated DEF score suggests the client may be avoiding acknowledging signs of personal limitations or faults. This may or may not be related to substance abuse and may reflect either an enduring character trait or a temporary reaction to a current situation. Clients with high scores on both DEF and SAM have given answers similar to defensive people with substance dependence disorders.

A very low DEF score suggests the client endorses negative self-statements and is self-critical and in emotional pain, possibility of depression. Individuals with low DEF scores need to have their feelings acknowledged and validated.

An elevated FAM score suggests the client has focus on the feelings and behavior of others compared to focus on own needs; may be blaming, judgmental; may be fixated on getting others to change; suggests similarity to family members of substance dependent people. Individuals with high FAM scores may have problems in establishing a sense of personal power and setting limits with others.

An elevated COR score suggests the client shares similarity to people with extensive legal difficulties. High COR scores suggest that recovery from substance dependence may not be all that is needed and this client should be considered for relatively intense rehabilitative treatment to help overcome high risk behaviors. Such programs may include social-behavioral interventions and/or behavior management.

An elevated SYM score suggests the client is likely not only to be a heavy user, but also to be part of an environment dominated by substance abuse. They may have difficulty recognizing that their pattern of usage is not normal and that there is an alternative to heavy consumption. All else equal, clients with high SYM are more likely to do well in structured programs that focus on education, rather than in groups that center on processing feelings. The clinician should honor the client's reality by acknowledging the enormity of the task of changing long-standing, fundamental behavior.

Gambling Summary:

Brief Bio-social Gambling Screen (BBGS)

1. During the past 12 months, did the client report becoming restless, irritable or anxious when trying to stop/cut down on gambling?
2. During the past 12 months, did the client attempt to keep family or friends from knowing how much he/she gambled?
3. During the past 12 months, did the client have such financial trouble that he/she sought help from family or friends?

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 10-1-15

BBGS Scoring: Answering 'Yes' to one or more questions indicates likely pathological gambling.

Delete items that do not apply in this section (and delete this text)

GAMBLING BEHAVIOR SUMMARY				
Age	Game	Amount Spent	How Often Played	Consequences
Narrative / Comments:				
Details of Client's "Big Win"?				

DIAGNOSTIC CRITERIA FOR DISORDERED GAMBLING	
Persistent and recurring maladaptive gambling behavior as indicated by four (or more) of the following in a 12 month period:	
Is PREOCCUPIED by gambling	
Needs to gamble with INCREASING AMOUNTS OF MONEY	
Efforts to cut down unsuccessful	
Is restless or irritable when attempting to cut down or stop	
Gambles when feeling distressed (helpless, guilty, anxious, depressed)	
After losing money gambling, often returns another day to get even	
Lies to conceal the extent of involvement with gambling	
Has jeopardized or lost a significant relationship, job, educational or career opportunity for gambling	
Relies on others to provide money to relieve a desperate financial situation caused by gambling (BAIL OUT)	
The gambling behavior is not better accounted for by a manic episode	

Mild: 4-5 criteria met

Moderate 6-7 criteria met

Severe 8-9 criteria met

Other Addictive Behaviors Summary:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.
Rev. 10-1-15

(Sex, shopping, eating, etc.):

F. Legal History

(Connection to mental health symptoms, gambling behavior and/or alcohol and drug use)

Criminal history & consequences:

Drug testing results (if available):

For Nebraska Probation Clients Only:

Drug Testing Results:

Simple Screening Instrument (SSI) Results:

Standardized Risk Assessment Report Format (SRARF) Results:

TO WHAT DEGREE DOES THE PRESENTING ISSUE(S) INTERFERE WITH THE CLIENT'S LEGAL STATUS:	NONE	MILD	MODERATE	SEVERE
Comments:				

G. Family/ Social/ Peer History

(Current relationships, name and age of children, parenting knowledge or skill level, history of family court involvement, major events, family history of substance abuse or mental health concerns, current relationship, socioeconomic status, client support system, leisure)

Cultural & Spiritual Information:

(To what degree do the client's cultural & spiritual beliefs affect the client's current functioning?
Religious preference)

H. Psychiatric/Behavioral Summary

Prior psychiatric diagnosis:

Prior psychiatric treatment and outcome:

Prior Board of Mental Health/Court Commitments:

Exposure to abuse and trauma:

Current symptoms:

Global Appraisal of Individual Needs: Short Screener (GAIN-SS)

The GAIN-SS is a brief self-report screening tool that is designed to identify general behavioral health problems for clients. The client's responses produce scores on screeners relevant to Internalizing

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

Disorders (IDScr), Externalizing Disorders (EDScr), Substance Disorder (SDScr), and Crime/Violence (CVScr). A Total Disorder Screener score (TDSr) is also obtained.

Internalizing Disorders Screener (IDScr) Score:

Description:

Externalizing Disorders Screener (EDScr) Score:

Description:

Substance Disorder Screener (SDScr) Score:

Description:

Crime/Violence Screener (CVScr) Score:

Description:

Total Disorder Screener (TDSr) Score:

Description:

PHQ-9 Results

Total Score:

Interpretation:

(delete what does not match)

1-4 Minimal Depression

5-9 Mild Depression

10-14 Moderate Depression

15-19 Moderately Severe Depression

20-27 Severe Depression

Current Risk Assessment

Domestic Violence:

Child Maltreatment:

Self Injurious Behavior:

Suicidal Ideation and/or Behavior:

Past Suicidal Attempt (dates & techniques):

Other Violence, Homicidal Risk:

Safety Plan:

For any risk factors identified for this client, describe or attach the safety plan which was developed to address immediate safety needs:

Does the client have a Psychiatric or Mental Health Advance Directive?

Does the client want to receive more information about this service?

Mental Status Observations

PHYSICAL DESCRIPTION OF CLIENT:				
<i>If within normal limits, 'X' in left hand box.</i>				
APPEARANCE AND BEHAVIOR				
Dress/Grooming		Unkempt	Seductive	Casual

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

Physical Characteristics		<i>Describe if notable:</i>			
Posture/Gait		Slow		Awkward	Other:
Facial Expressions		Tics		Inappropriate	
Gross Motor Activity		Hyper		Lethargic	Agitated
Cooperativeness		Indifferent		Hostile	Guarded
Comments:					
SPEECH					
Rate		Delayed		Pressured	Rapid
Loudness		Soft		Loud	
Amount		Excessive		Poverty of	Other:
Clarity		Slurred		Incoherent	Stuttered
Comments:					
EMOTIONS					
Mood	Depressed	Anxious	Euphoric	Angry	Irritable
Affect	Expansive	Constricted	Blunted	Flat	Labile
Comments:					
THOUGHT PROCESS & CONTENT					
Process – Flow of Ideas		Tangential		Flight of Ideas	Other:
Process – Quality of Associations		Circumstantial		Loose	Other:
Content – Distortions		<i>Describe:</i>			
Content – Delusions	Persecution	Being Controlled	Grandiose	Thought Insertion/Deletion	
Preoccupations	Obsessions	Compulsions	Phobias	Somatic Concerns	
Suicidal Indicators	Ideation	Behavior			
Homicide/Violence Indicators	Ideation	Behavior			
Comments:		Threats			
PERCEPTION					
Depersonalization/De-realization		<i>Describe if notable:</i>			
Hallucination		Auditory	Visual	Olfactory	
Comments:					
SENSORIUM AND INTELLECT					
Orientation		Disoriented To	Time	Place	Person
Concentration/Attention		<i>Describe if notable:</i>			
Memory		Impaired	Immediate	Recent	Remote
Fund of Knowledge		<i>Describe if notable:</i>			
Abstraction		<i>Describe if notable:</i>			
Judgment		Impaired	Minimal	Moderate	Severe
Insight		Impaired	Minimal	Moderate	Severe
Intelligence		Superior	Above AVG	Average	Below AVG
Comments:					

I. Collateral Information

(Include client strengths as noted by collateral contacts)

J. Clinical Impression

American Society of Addiction Medicine (ASAM) Multidimensional Assessment:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

The American Society of Addiction Medicine Patient Placement Criteria, Third Edition (ASAM)– is utilized to determine the severity of substance use issues and the level of functioning to assist with the identification of the most appropriate level of care.

Acute Intoxication and/or Withdrawal Potential:

Level of Severity:

Justification:

Biomedical Conditions and Complications:

Level of Severity:

Justification:

Emotional / Behavioral / Cognitive Conditions and Complications:

Level of Severity:

Justification:

Readiness to Change:

Level of Severity:

Stage of Change:

Justification:

Relapse / Continued Use Potential:

Level of Severity:

Justification:

Recovery Environment:

Level of Severity:

Justification:

Diagnostic Impressions

DSM5 Code	ICD-10 Code	Description with Severity	Specifier

Summary and Case formulation

(Client's agenda, preferences, Strengths, Needs, Discrepancies of Information, Behavioral Observations, including all co-occurring needs identified)

Therapist Formulation

There is a case formulation which clearly outlines the therapist's "theory of problem and theory of solution" Hypothesis of the case, identifies psychosocial and therapeutic needs, and outlines

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Rev. 10-1-15

appropriate course of treatment.

Descriptive: *an integrative statement about the nature, severity and precipitants of the client's presenting concerns.*

Explanatory: *outlines your understanding of the factors that lead to the development and maintenance of symptoms and dysfunctional life patterns. Provides Structure for understanding of client problems and effective interventions.*

Treatment Rationale: *an explicit blueprint governing planned interventions and outlining the therapist's expectations for the degree and type of change that can be expected*

Note if you are unable to make recommendations based on information provided or lack of collateral information)

Discharge criterion:

K. Recommendations

Level of care and other recommendations:

Available level of care/ barriers to recommendations:

Was Education on Medication Assisted Treatment offered?

Client/family response to recommendation:

Therapist Signature

Date

Clinical Supervisor Signature

Date

HEARTLAND FAMILY SERVICE MENTAL HEALTH MED MANAGEMENT COUNSELING SLIDING FEE SCALE

CURRENT MODEL @ 300% 2016 POVERTY RATE

SEE REGION VI SCALE FOR THOSE WHO QUALIFY.

NUMBER IN HOUSEHOLD

CO-PAY	1	2	3	4	5	6	7	8
\$17	\$ 11,880	\$ 16,020	\$ 20,160	\$ 24,300	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890
\$21	\$ 13,131	\$ 17,706	\$ 22,282	\$ 28,137	\$ 31,434	\$ 36,009	\$ 40,596	\$ 45,194
\$26	\$ 14,381	\$ 19,393	\$ 24,404	\$ 31,974	\$ 34,427	\$ 39,439	\$ 44,463	\$ 49,498
\$30	\$ 15,632	\$ 21,079	\$ 26,526	\$ 35,811	\$ 37,421	\$ 42,868	\$ 48,329	\$ 53,803
\$34	\$ 16,882	\$ 22,765	\$ 28,648	\$ 39,647	\$ 40,415	\$ 46,298	\$ 52,195	\$ 58,107
\$39	\$ 18,133	\$ 24,452	\$ 30,771	\$ 43,484	\$ 43,408	\$ 49,727	\$ 56,062	\$ 62,411
\$43	\$ 19,383	\$ 26,138	\$ 32,893	\$ 47,321	\$ 46,402	\$ 53,157	\$ 59,928	\$ 66,715
\$48	\$ 20,634	\$ 27,824	\$ 35,015	\$ 51,158	\$ 49,396	\$ 56,586	\$ 63,794	\$ 71,019
\$52	\$ 21,884	\$ 29,511	\$ 37,137	\$ 54,995	\$ 52,389	\$ 60,016	\$ 67,861	\$ 75,324
\$56	\$ 23,135	\$ 31,197	\$ 39,259	\$ 58,832	\$ 55,383	\$ 63,445	\$ 71,527	\$ 79,628
\$61	\$ 24,385	\$ 32,883	\$ 41,381	\$ 62,668	\$ 58,377	\$ 66,875	\$ 75,393	\$ 83,932
\$65	\$ 25,636	\$ 34,569	\$ 43,503	\$ 66,505	\$ 61,371	\$ 70,304	\$ 79,259	\$ 88,236
\$69	\$ 26,886	\$ 36,256	\$ 45,625	\$ 70,342	\$ 64,364	\$ 73,734	\$ 83,126	\$ 92,541
\$74	\$ 28,137	\$ 37,942	\$ 47,747	\$ 74,179	\$ 67,358	\$ 77,163	\$ 86,992	\$ 96,845
\$79	\$ 29,387	\$ 39,628	\$ 49,869	\$ 78,016	\$ 70,352	\$ 80,593	\$ 90,858	\$ 101,149
\$82	\$ 30,638	\$ 41,315	\$ 51,992	\$ 81,853	\$ 73,345	\$ 84,022	\$ 94,725	\$ 105,453
\$87	\$ 31,888	\$ 43,001	\$ 54,114	\$ 85,689	\$ 76,339	\$ 87,452	\$ 98,591	\$ 109,757
\$91	\$ 33,139	\$ 44,687	\$ 56,236	\$ 89,526	\$ 79,333	\$ 90,881	\$ 102,457	\$ 114,062
\$95	\$ 34,389	\$ 46,374	\$ 58,358	\$ 93,363	\$ 82,326	\$ 94,311	\$ 106,324	\$ 118,366
\$100	\$ 35,640	\$ 48,060	\$ 60,480	\$ 97,200	\$ 85,320	\$ 97,740	\$ 110,190	\$ 122,670

FOR EACH ADDITIONAL PERSON ADD \$4,160

EFFECTIVE DATE 3/1/2016

NO ONE WILL BE REFUSED SERVICE
BECAUSE OF INABILITY TO PAY.

**HEARTLAND FAMILY SERVICE
GENERAL POLICIES AND PROCEDURES**

SUBJECT: DISASTER & EMERGENCY PLAN GUIDELINES

Reviewed by Leadership Team: 6/16/2015
Reviewed by Program Directors: 6/19/2015
Approved by Technology Task Force: 6/25/2015
Approved by Board of Directors: 6/25/2015

PURPOSE: As part of its obligation to protect persons served, personnel, and facilities during emergency situations, Heartland Family Service recognizes the need to prepare for, mitigate, respond to, and recover from disaster and emergency situations.

COMPREHENSIVE APPROACH: Heartland Family Service recognizes that in order to achieve a state of emergency preparedness, the approach must be comprehensive. This requires that planning include the implementation of prevention and mitigation measures before a disaster or emergency occurs, timely and adequate response during an occurrence, and provision of short and long term recovery after the occurrence of a disaster or emergency.

Every effort must be made to coordinate with existing Emergency Operation Guidelines of local jurisdictions to ensure maximum preparedness. The State of Nebraska Emergency Management Plan (www.nema.ne.gov) and the Iowa Homeland Security and Emergency Management Plan (www.homelandsecurity.iowa.gov/county_EM) will be followed in the absence of any local plans. In addition, the following websites will be employed as expert assistance where appropriate: www.redcross.org, www.pandemicflu.gov, www.cdc.gov, www.hhs.gov, www.fema.gov and www.who.int.

DISASTER PREPAREDNESS FOR RESIDENTIAL FACILITIES, THE SOLOMON GIRLS CENTER AND THE SENIOR CENTER

In a major emergency, such as a catastrophic tornado or flood or man-made disaster, response systems may be overwhelmed (e.g., police & fire departments, hospitals, utility companies, etc.). Officials warn that businesses and individuals may be virtually on their own the first 72-hours.

The attached form is required for all Heartland Family Service Residential Facilities, the Solomon Girls Center, and the Senior Center to assist these programs to meet the needs of both staff and customers. This form must be filled out in the spring of each year and distributed per the information on the form. The Internal Care Monitoring/Safety and Wellness QIT will monitor and provide support for this process through the annual Office and Facility Safety Audit.

GUIDELINES FOR STAFF RESPONDING TO LOCAL, REGIONAL, AND NATIONAL DISASTERS

Heartland Family Service will maintain a sufficient number of clinical staff who are trained in critical incident and other disaster mental health, to be available to meet the needs of agency programs, staff, clients, contracted EAP companies, and the community at large in the event of a disaster.

The Internal Care Monitoring/Safety and Wellness QIT, in collaboration with the Clinical Director, will be responsible for:

1. Maintaining a current roster of all agency staff who are trained for critical incident or disaster mental health response, including types of training received and emergency contact information to be maintained in the electronic health record software;
2. Maintaining a Critical Incident Management Handbook that includes procedures, resources, and management planning guidelines;
3. Making contact with Employers and/or Disaster Management agencies to determine number of staff needed for response;
4. Coordinating assignments of staff to disaster sites and working with agency supervisors regarding staff absence from usual assignments;
5. Arranging for debriefing and support of staff upon their return to regular work assignment;

6. Evaluating the effectiveness of critical incident interventions a) after each incident and b) periodically, at least once a year, for the purpose of continuous improvement of the process; and
7. Reviewing the need for additional trained staff on an annual basis and arranging for additional internal and/or external agency training as needed.

LOCAL CRISIS/DISASTER

When a crisis occurs locally, the Leadership Team may authorize the reassignment of staff to provide emergency services, with consideration of the ongoing needs of agency programs and clients.

REGIONAL/NATIONAL CRISIS/DISASTER (overnight travel and absence from regular work assignment is necessary)

On a case-by-case basis, the Leadership Team may agree to allow staff that have appropriate training, skills, and expertise to assist in regional or national disaster responses.

Staff Assignment Options:

1. Staff may be assigned outside of the local area, as needed by our National EAP contractors, on a paid basis.
2. Staff may request up to 5 days of paid "Community Service Leave" per year. This option must be approved by the President/CEO and is granted only when the needs of agency programs and clients can be otherwise met.
3. Staff may request personal leave time such as vacation or personal days. Granting of such leave will occur when the needs of agency clients and programs can be otherwise met.

PANDEMICS & OTHER MAJOR HEALTH RISKS:

The Heartland Family Service Internal Care Monitoring Safety & Wellness Team and the Leadership Team are designated as the responsible planning and implementation teams in the event of a pandemic or other disaster. Residential staffing and therapist availability will be specifically targeted and problem solved in order to continue to serve the community in times of special needs.

Wherever possible as outlined by OSHA and recommended/required by leading authorities:

- Employee hygiene will be stressed including hand washing and sanitizing.
- Employees will be encouraged to cover coughs and sneezes with tissues.
- Close contact with co-workers and customers will be avoided (6 ft.).
- Laptops, computers, other equipment, and work surface areas will be periodically cleaned with disinfectant.
- Employees will be discouraged from using other employees' phones and equipment.
- Employees will be encouraged to stay at home when the level of safety warrants it as recommended by health authorities.
- Other measures will be taken as recommended by expert authorities including the following leading websites: www.redcross.org, www.pandemicflu.gov, www.cdc.gov, www.hhs.gov, www.fema.gov, and www.who.int.
- American Red Cross Pandemic Flu Brochures will be in stock and distributed to each employee.
- Flu Shots will be offered to all Heartland Family Service Staff at no charge.

AGENCY COMPUTER NETWORK DATA BACKUP AND BUSINESS CONTINUITY

All critical agency computer servers are housed in a SOC 2 Type 2 certified colocation facility to guard against interruptions in power, internet connectivity, flooding, and other natural disasters. Servers perform backups of all important agency data on a daily basis. These backups are located in a colocation facility and then copied to an offsite server located at the Central Office. Monthly, the last full backup of the

month is backed up to tape. These tapes are stored in a locked, fireproof, and waterproof safe. In case of a disaster or other event that disables the servers, these tapes will be employed to restore the servers and the network setup.

EDUCATION

Supervisors are responsible for reviewing this and all policies and procedures with new employees. The Heartland Family Service Internal Care Monitoring/Safety & Wellness Team conducts two semi-annual trainings at each location to cover all safety and wellness related policies and procedures.

EMERGENCY MANAGEMENT -- the Incident Command System (ICS)

In a situation where Heartland Family Service will provide disaster relief to clients, the following structure parallels the government's Incident Command System (ICS). The local, state, or federal emergency plan requirements take precedent over the Heartland Family Service Emergency Plan.

The following clarifies the key functional areas that will need attention when responding to emergencies, which will also increase the likelihood of Heartland Family Service being eligible for reimbursement of disaster-related costs.

1. Incident Command - the person who will lead. This person manages the overall response effort including the other functions below. This person also coordinates or assigns responsibility for coordinating with disaster relief agencies (American Red Cross, Federal Emergency Management Agency) or other service coordinating associations (United Way, Chambers of Commerce). This person, along with those listed below, will also determine those primary services that can not be disrupted, the critical resources needed to sustain those services, and the degree to which staff and other resources will be deployed to assist outside of Heartland Family Service operations.

Responsible staff person: President/CEO
Alternate: Chief Financial Officer

2. Operations - the person who will do the work. Has responsibility for whatever the agency does in an emergency to respond to client needs. Directs the carrying out of initial response functions, some of which may be delegated to other staff identified in Section F (e.g., utility checks, fire suppression, search and rescue, and first aid). Determines which non-affected Heartland Family Service facilities and other community resources can be employed to ensure the least disruption of services.

Responsible staff: Vice Presidents of Program Services
Alternate: Chief Program Officer

3. Logistics - the person to get the resources. Responsible for getting everything operations (above) needs to function to ensure the health and safety of clients, staff and volunteers.

Responsible staff person: Program Directors
Alternate: Vice Presidents

4. Critical Incident Response – the persons who will serve as liaisons with local and regional agencies coordinating mental health/critical incident disaster relief. They will contact, organize and assign trained clinical staff to provide disaster mental health services, critical incident debriefings and other crisis intervention services that may be needed by agency staff, programs, and clients; or as needed in community disaster responses.

Persons Responsible: Clinical Director
Alternate: Associate Clinical Directors

5. Finance - the person who will track all activities and costs. Oversees the processing and documenting of all disaster-related costs (includes keeping track of all receipts, etc.). This person must also ensure there are safe backup copies for the following agency documents:

- a) Articles of Incorporation (e.g., verification of tax exempt status);
- b) Recent Photographs documenting the interior and exterior of your facility;
- c) Insurance Documentation;
- d) Licensing documentation, if appropriate;
- e) Updated Mission Statement on your letterhead.

Responsible staff person: Chief Financial Officer
Alternate: Controller

6. Information/Planning - keeps everyone in the know. Gathers facts and provides current information on the agency situation. Develops projections with those above (i.e., what are we going to do in the next 24-hours), and longer term needs for client and agency recovery.

Responsible staff person: Chief Strategy Officer
Alternate: Chief Development Officer

Preparing Staff for Emergencies

In an emergency, the first concern of staff will be the safety and welfare of their family members. Heartland Family Service will want to ensure that all staff members have an opportunity to check on their homes and family members as soon as possible following a disaster. Staff are encouraged to have a family or home emergency plan. This increases the likelihood that staff and their families can cope with the disaster.

All staff must be trained in basic emergency preparedness, at a minimum by reviewing this plan and attending a basic CPR/First Aid Course provided by Heartland Family Service as part of the biannual policy review.

Related Policies and Procedures: Refer to "First-Aid Kits", "Contagious and Infectious Diseases", "Incident Reporting and Review", "Fire Emergency and Prevention", "Tornado Weather", "Injury Prevention and Property Loss Reporting", and "Bomb Threat", "Employee Safety and Office Security", and "Facility Safety and Security Audits" in the General Policies and Procedures on the Intranet.

Heartland Family Service Disaster Safety Checklist

DISASTER PREPAREDNESS ITEM	Date Completed
All furniture and appliances are secure and stable. (Heavy Items are stored on bottom shelves and cabinet doors can be securely closed)	
All dangerous and/or flammable material is stored in safe unoccupied areas.	
Gas and Water shut off valves are clearly marked.	
The program has a portable radio with extra batteries or other non-electric power source.	
Emergency First Aid Kit is accessible and fully stocked. (Should be checked monthly to replenish supplies)	
The program has flashlights with extra batteries or other non-electric power source.	
The program has a set of tools that include a pipe and crescent wrench. (To help with gas shut off)	
The program has a working fire extinguisher in a convenient location.	
Staff are aware of where you can rent a generator in the event of an extended power outage.	
Staff are aware of where additional food and water can be obtained.	
Staff are aware of nearest public health clinic.	
Periodic Fire Drills and Tornado Safety Trainings are held at each facility no less than once per year.	
Staff are aware of temporary shelters (Churches, community centers, schools, etc.) that can be used in the event of an emergency.	

Form must be completed by every facility annually in conjunction with the Annual Office Audit

Program Director

Location

Date Completed

Chief Financial Officer

Date Reviewed

Immediate Emergency Response

This form is available to staff members for use in an emergency situation. Included are vital steps that staff members should take when faced with an emergency.

Check List Item	Staff Responding	Time of Response
Site Security: Check and turn off gas and/or electricity only if you can smell gas or other damage is evident.		
Site Security: Turn off water if pipes are broken or leaking.		
Fire Suppression: Check for and suppress small fires and/or notify the Fire Department.		
Search and Rescue: If evacuation is required, ensure everyone has been evacuated.		
Search and Rescue: Quickly search for trapped or injured individuals and help if possible.		
First Aid: Administer first aid to injured individuals.		
First Aid: Ensure that 911 or the local emergency number has been called if injured individuals require more than basic first aid.		
Critical Contacts: Ensure that all critical and/or necessary parties are contacted. (Including: Police, Fire Department,		

Heartland Family Service

Medication Assisted Treatment

"Medication assisted treatment (MAT) is the use of pharmacological medications in combination with therapy, to provide a whole person approach to the treatment of substance disorders" (SAMHSA). Medications may be used in the treatment of nicotine, alcohol, or opiate addiction short term and long term. The following are some of the MAT options approved by the United States Food and Drug Administration for substance use disorders. If you would like more information on your options for MAT, please talk to your therapist.

Alcohol

Campral (Acamprosate Calcium)

FDA approved in 2004, Campral reduces the physical and emotional distress connected to craving after alcohol consumption is stopped. It is an oral medication and patients must be abstinent before beginning treatment. Campral does not stop patients from drinking alcohol, nor does it cause negative effects if a patient drinks alcohol while taking it. **Campral can be prescribed by HFS psychiatric staff if you and your treatment team believe it is a positive option for you.**

Alcohol or Opiates

Oral Naltrexone

Naltrexone is thought to reduce the pleasurable effect of alcohol and, in turn, reduce the amount of alcohol consumed in one sitting and the number of heavy alcohol consumption days. Naltrexone does not reduce the effects of alcohol that impair judgment.

Naltrexone blocks opioids from acting on the brain, so it takes away the reward of getting high on the problem drug. This feature makes naltrexone a good choice for preventing relapse (falling back into problem drug use). Naltrexone comes in pill form and is available as a lower cost generic. You take the pill every 1 to 3 days. Naltrexone may be a good choice if you are completely past withdrawal and highly motivated to stay in recovery. **Naltrexone can be prescribed by HFS psychiatric staff if you and your treatment team believe it is a positive option for you.**

Opiates

Buprenorphine—Naloxone (Suboxone)

This combination medication is used to treat adults who are dependent on opiates (narcotics) such as oxycodone or morphine. A person addicted to narcotics who suddenly stops taking them may experience severe withdrawal symptoms. Buprenorphine works by replacing the physical effects of the narcotic the person is addicted to, which can help make it easier to treat their addiction. Naloxone is added to the medication to prevent it from being misused (i.e., to prevent it from being injected into a vein). **Naltrexone can be prescribed by HFS psychiatric staff if you and your treatment team believe it is a positive option for you.**

Methadone

Methadone provides relief for patients who do not respond to non-narcotic pain medicines and has also been used for decades to treat individuals who suffer from addiction and dependence on heroin and narcotic pain medicines. When taken as prescribed, methadone is safe and effective. Methadone works by changing how the brain and nervous system respond to pain. It is also used in drug detoxification and treatment programs to lessen the symptoms of withdrawal and to block the effects of opiate drugs. Methadone allows individuals to recover from their addiction and to reclaim active and meaningful lives. **Methadone is not prescribed by Heartland Family Service staff but a referral to a provider can be made if you and your treatment team believe it is a positive option for you.**



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

June 8, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross:

I am writing to provide a letter of support for Heartland Family Service's proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service has provided mental health services in Pottawattamie County and southwest Iowa for many years.

The Department's staff rely on Heartland Family Services to provide mental health and substance abuse treatment services to children, adolescents, families, and individuals. Heartland has been instrumental in identifying and responding to community needs. When Heartland develops a new program or implements a new treatment approach, they take the time to research best practices and design their services accordingly. Heartland hires quality treatment professionals and provides these staff with strong clinical oversight.

Heartland has been on the leading edge of treatment services in western Iowa. Whether in Heartland's residential substance abuse treatment programs, the therapeutic school, the homelessness services, or in Heartland's vast array of mental health services, the interventions provided are based on sound practice principles and are well-delivered.

I am pleased to know that Heartland will expand their efforts to provide mental health services by becoming a Certified Community Behavioral Health Clinic. Do not hesitate to contact me if you have questions about Heartland's ability to take on this challenge.

Carol L. Gutchewsky

Carol L. Gutchewsky, LISW, ACSW
Social work Administrator
Iowa Department of Human Services
417 East Kanesville Blvd.
Council Bluffs IA 51503
712-328-5662
cgutche@dhs.state.ia.us

Western Iowa Service Area
417 E. Kanesville Blvd., Council Bluffs, IA 51503-4470
Phone: (712)328-4703 Fax: (712)328-4850

Fourth Judicial District Department of Correctional Services

801 South 10th Street
Council Bluffs, IA 51501

Phone 712/325-4943
Fax 712/325-0312



June 7, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years.

Over the years, my agency has worked with HFS in a variety of facets, including work with the Operating White Intoxicated Program, Drug Court Program and Mental Health counseling. In addition, HFS is the main substance abuse treatment provider for our clients and completes all the substance abuse evaluations.

My agency has a positive working relationship with Heartland Family Services and I support their proposal to be a Certified Community Behavioral Health Clinic.

Kip Shanks, District Director
Fourth Judicial District
Department of Correctional Services
801 S. 10th St.
Council Bluffs, IA 51501
712.396.2202
Kip.Shanks@iowa.gov

☐ Administrative Office
Probation/Parole/
Presentence/Pre-trial/
Drug Court
801 South 10th Street
Council Bluffs, IA 51501
Phone 712/325-4943
Fax 712/325-0312

☐ OMNI Office
Probation/Parole/
Presentence/Pre-trial/
Intensive Supervision
300 W. Broadway, Suite
201
Council Bluffs, IA 51503
Phone 712/322-6409
Fax 712/322-4113

☐ Residential
Correctional Facility
900 9th Avenue
Council Bluffs, IA
51501
Phone 712/325-4943
Fax 712/329-9115

☐ Residential
Treatment Center
1102 9th Avenue
Council Bluffs, IA 51501
Phone 712/325-4943
Fax 712/323-3602

Our mission is to...

Advance successful offender reentry to protect the public, staff and offenders from victimization.



METHODIST
JENNIE EDMUNDSON

An Affiliate of Methodist Health System

933 East Pierce Street
Council Bluffs, IA 51503
Office Phone: (712) 396-6000

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. Methodist Jennie Edmundson works with HFS to improve behavioral health for our patients by providing community-based mental and substance abuse disorder treatment. They have been instrumental in connecting individuals with mental health and/or substance abuse to community services to obtain the health care they need to maintain their health and well-being. Our experience with HFS has been exceptional as a community partner. HFS has been a part of a comprehensive community effort in integrating behavioral health with physical health care while emphasizing high quality and evidence based practices.

Lorrie Reddish RN,BSN,ACM
Director Case Management
Methodist Jennie Edmundson
933 East Pierce Street
Council Bluffs, Iowa 51503
712-396-7693
Lorrie.Reddish@nmhs.org



POTTAWATTAMIE COUNTY ATTORNEY'S OFFICE

227 South 6th Street; 5th Floor

Council Bluffs, Iowa 51501

Telephone 712/328-5649 Facsimile 712/328-5753

County Attorney
Matthew D. Wilber
Chief Deputy
Jon J. Jacobmeier

June 6, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Assistants
James S. Burger
Malina M. Dobson
Leanne A. Gifford
Martha A. Heinicke
Sarah A. Jennings
Dawn M. Landon
Thomas G. Nelson
Margaret Popp Reyes
Brianna N. Shriver
Christine M. Shockey
Kerrie L. Snyder
Eric D. Strovers
Shelly Sedlak Sudmann

Dear Ms. Fross,

I am offering this letter of support for Heartland Family Service's proposal to be a Certified Community Behavioral Health Clinic. I regularly interact with HFS regarding involuntary civil commitments pursuant to Iowa Code Chapter 229. Persons with serious mental impairments and limited resources are often court-ordered to receive mental health treatment at HFS. We appreciate the services offered and the willingness of the staff to accept court-ordered clients. The Court requires periodic reports regarding the treatment and progress of persons under Chapter 229 court orders (referred to as "Respondents" below). HFS does a great job with providing timely reports.

Our overall experience with HFS has been extremely positive; however, I do want to highlight two programs offered by HFS which are invaluable to this office and to the judges who oversee the Chapter 229 civil commitments: the Assertive Community Treatment (ACT) team and the Crisis Response Team. I often tell families that the ACT program provides superior mental health services, because the team treats the "whole person." While the court is limited to simply ordering a Respondent to receive mental health treatment, the ACT team supports multiple aspects of the person's life. The team can assist with issues such as housing, medication (beyond psychotropic medications), budgeting, etc. The progress reports filed by the ACT team are well written, thorough explanations of the Respondent's current mental health and overall well-being.

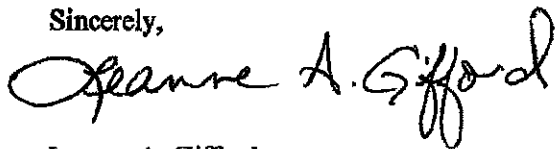
Last summer we learned about HFS' Crisis Response Team, and that the Team was not well utilized. A magistrate judge and I worked with the Team to devise a new protocol for our civil commitment process. Upon receiving an application and affidavit for civil commitment, our judges may order the Crisis Response Team to screen a Respondent prior to ordering the commitment process to proceed. A mental health therapist from the Crisis Response Team makes contact with the Respondent, and screens for mental illness, likelihood of causing harm to self or

others, current stressors, etc. After the screening, the Team files a report to the court, stating whether the person exhibits signs and symptoms of a mental illness and whether the person needs an immediate psychiatric evaluation (i.e., hospitalization) or an outpatient evaluation. The judge reviews the report, along with the application and affidavit for civil commitment, and determines the next course of action. This new protocol has worked so well in reducing the number of both hospitalizations and civil commitments that it is being expanded to include more counties in the Southwest Iowa mental health and disabilities region.

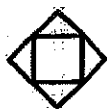
I would like to outline a specific example of how beneficial the Crisis Response Team is to the civil commitment process. In one case the Crisis Response Team was able to inform the court that the Respondent was leaving an abusive relationship and the person filing for civil commitment was the abuser. The Team was able to direct the Respondent to other services offered by HFS to assist her in safely and successfully leaving the relationship. Without the Crisis Response Team, the Respondent most likely would have been ordered into custody and hospitalized, and the court system would have unwittingly assisted an abuser in continuing to exert control over his victim. As it was, I happened to meet this woman several months later. She expressed her great appreciation for the assistance she had received through HFS in leaving the abusive relationship.

In summary, I fully support Heartland Family Service's proposal to be a Certified Community Behavioral Health Clinic. HFS provides much-needed support and services to persons with mental illness in Pottawattamie County. The Assertive Community Treatment (ACT) and Crisis Response Teams are absolutely outstanding. It has been a delight to work with the skilled and energetic staff members of both teams.

Sincerely,



Leanne A. Gifford
Assistant Pottawattamie County Attorney
227 South 6th Street; Fifth Floor
Council Bluffs, IA 51501
712-328-5649 Phone
712-328-5753 Fax
leanne.gifford@pottcounty-ia.gov



IOWA WEST FOUNDATION

June 6, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for more than two decades. The Iowa West Foundation has funded mental health services provided by HFS totaling \$7.25 million dating back to 1996. The Foundation has worked with HFS in both a traditional grant-making capacity as well as on special projects which have far-reaching impact in our community including: launching mental health services in K-12 schools, captaining the Housing and Emergency Assistance Taskforce (HEAT) – a critical safety net for the near homeless in our community, providing critical substance abuse counseling and delivering needed homelessness services. Our experience with HFS has been outstanding as their therapeutic services are exceptional and their professionalism is unparalleled. In short, HFS is an integral mental health provider and leader in our community.

Should you have any questions about HFS in our community or questions about our experience, please don't hesitate to contact me at KTRapp@iowawestfoundation.org or (712) 309-3005.

Sincerely,

Kathleen Rapp
Vice President, Grants & Initiatives
Iowa West Foundation
25 Main Place, Suite 550
Council Bluffs, IA 51503

25 Main Place, Suite 550 Council Bluffs, Iowa 51503
712.309.3000 phone 712.322.2267 fax
www.iowawestfoundation.org

June 6, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) is well-respected and has provided skilled mental health services in Pottawattamie County and southwest Iowa for many years.

Visiting Nurse Association (VNA) serves as the Pottawattamie County Health Department. This has afforded many collaborative opportunities to work with HFS to improve the trajectory of the community's homeless population and those with mental and behavioral health challenges. HFS contracts with VNA to provide group health education for women participating in their Family Works (FW) substance abuse program. FW staff refers participating families to VNA's early childhood home visitation programs which has strengthened the support system available to these families.

HFS is a strong community partner that actively seeks to make a difference for those they serve. Thank you for your thoughtful consideration of their proposal.

Sincerely,

Kris Stapp RN, BSN

Kris Stapp RN, BSN
VP Health Services
Visiting Nurse Association
822 South Main, Suite 102
Council Bluffs, IA
(402) 930-4075
kstapp@thevnacares.org

Serving Omaha, Council Bluffs & Surrounding Communities

12565 West Center Road, Suite 100, Omaha, NE 68144 ■ 822 South Main, Suite 102, Council Bluffs, IA 51503

Phone: (402) 342-5566 ■ (712) 328-2636 ■ (800) 456-8869 ■ Fax: (402) 342-0034 ■ www.theVNacares.org

Accredited by The Joint Commission

CARING ADULTS
SAFE PLACES
HEALTHY START
MARKETABLE SKILLS
OPPORTUNITIES TO SERVE



June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

It is with great pleasure that I am providing this letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. HFS has provided mental health and substance abuse treatment to women and their children in a residential setting since 2009. Promise Partners has funded a portion of this program through a grant process for several years. HFS also provides children's mental health services and therapeutic services through their Child and Family Center. In addition, HFS provides outpatient mental health and substance abuse services, Mental Health Crisis Response Team services, Assertive Community Treatment services, and Integrated Health Home services. HFS has been an active member of the local Substance Abuse and Mental Health Network and its work to provide a continuum of services in the community.

Heartland Family Service has played an integral role in providing behavioral and mental health and addiction services in Southwest Iowa. They have a proven track record of implementation of evidence-based programs, maintain model fidelity, accountably, and a keen understanding of the importance of and process behind continuous quality improvement.

Please know this proposal has my unconditional support. If you would like additional information, please feel free to contact me.

Patricia Russmann, Executive Director
Promise Partners
300 W. Broadway, Ste. 213 | Council Bluffs IA 51503
P: (712) 256-9920 | C: (402) 630-7399
prussmann@cbcsd.org | www.promisepartners.org

POTTAWATTAMIE COUNTY SHERIFF'S OFFICE

Sheriff Jefferey D. Danker

Chief Deputy John D. Reynolds

Communications Center
Director Robert Andersen
Assistant Director Christine Rethmeier



Jail
Jail Administrator Tiffany Mass
Detention Manager Lewis Davids III
Detention Manager Brian Snyder

Phone: 712.328.5739
Fax: 712.328.4843

Phone: 712.890.2250
Fax: 712.890.2220

June 7, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. My agency has worked with HFS to assist coordination of care through IHH. We have received consultations and recommendations from the Crisis Response Team and therapist visits for mental health court participant. In addition, a Mental Health Therapist provides support and assistance for several hours per week. All of these services have been extremely helpful to our agency. Our experience with HFS has been positive and we look forward to continuing our partnership as we work together to help as many people as possible.

A handwritten signature in black ink, appearing to read "Tiffany Mass".

Tiffany Mass, Jail Administrator
Pottawattamie County Sheriff's Office/Jail Division
1400 Big Lake Rd.
Council Bluffs, IA 51501
712-890-2253
tmass@sheriff.pottcounty-ia.gov

1400 Big Lake Road, Council Bluffs, Iowa 51501

Administrative Office: 712.890.2200 Administrative Fax: 712.890.2205

Learn more at www.PottCountySheriff.com Friend us on Facebook at www.Facebook.com/PottCoSheriff
Heartland Family Service



AllCare
HEALTH CENTER

902 South 6th Street
Council Bluffs, IA 51501

Telephone (712) 325-1990

Fax (712) 325-0288

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of support for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. All Care Health Center has worked with HFS over the past several years to coordinate care for our mutual patients/clients. This has included close collaboration with the Assertive Community Treatment and Integrated Health Home teams at HFS to ensure that the physical health needs of their clients are being met by All Care Health Center (ACHC) providers and staff. Additionally, HFS has served as an invaluable resource for ACHC patients when they are in need of mental health or substance addiction services beyond what our clinic can provide. We look forward to continued collaboration with HFS as they grow and expand services in Council Bluffs and surrounding communities.

William M. Wypyski, Jr., MSW, MPA, MS, FACHE
Executive Director
All Care Health Center
902 S. 6th Street
Council Bluffs, IA 51501
712-325-1990 ext. 214
bwypyski@allcarehealthcenter.org

3.2.5 Information to Include Behind Tab 5: Bidder's Background. The bidder shall provide the information set forth in this section regarding its experience and background.

3.2.5.1 Experience. The bidder shall provide the following information regarding the organization's experience:

3.2.5.1.1 Level of technical experience in providing the types of mental health services sought by the RFP.

Heartland Family Service is a non-profit non-sectarian social service agency that has served eastern Nebraska and southwestern Iowa since 1875. Throughout its history, Heartland Family Service has earned national awards and recognitions for its innovative programming and professional excellence. In 2005 Heartland Family Service earned the first-ever Omaha Not-For-Profit Organization of the Year Award for Excellence in Business from the Greater Omaha Chamber of Commerce. The prevailing image of the agency is one of professional quality and leadership in family issues. In 2015 over 300 full time staff and 500 volunteers helped the organization serve 30,000 community members.

Over the past 140 years, Heartland Family Service has changed to meet new challenges and adapted to the diverse needs of families and our community. The agency prides itself in being a highly responsive agency that exists solely to meet the needs of fellow citizens. The mission of Heartland Family Service is to strengthen and enhance the quality of family life and the community through education, counseling and support services. The comprehensive programs offered by Heartland Family Service consider not only the individual, but also his or her relationship with family, job and community.

Heartland Family Service has been a leader in providing mental health services in southwestern Iowa for since 1972. We have been a provider of mental health services in Iowa for over forty years. Heartland Family Service has a long-standing relationship with the Iowa Department of Public Health (IDPH) and the Iowa Department of Human Services (IDHS) and the state of Iowa to provide mental health and substance abuse treatment and prevention services. For over three decades, Heartland Family Service has contracted with IDPH in order to provide mental health assessments, treatment and psychiatric services to clients in the community who do not have insurance and cannot afford to pay for treatment.

The agency operates seven locations in the southwestern Iowa region and a demonstrated presence in Pottawattamie County community. Heartland Family Service is committed to serving Pottawattamie County residents and those in surrounding rural counties in southwestern Iowa. Our services also include distance treatment options.

Over the last five years Heartland Family Service provided 1,994 Iowa residents with mental health assessments and individualized treatment, many of whom were facing behavioral health crises. In addition to this outpatient treatment, which includes medication management, psychological testing and assessment services, Heartland Family Service also provides critical incident response teams to community traumatic events. All the agency's licensed therapists are familiar with the state regulations and reporting requirements related to mental health therapeutic services, and are also knowledgeable about the community resources available to assist clients in crisis that may need assistance in a multitude of areas in their lives.

3.2.5.1.2 Level of technical experience in providing the types of substance use disorder services sought by the RFP.

In 1981, Heartland Family Service opened a Chemical Dependency Treatment Program in both its Council Bluffs and Glenwood Offices with funding from the Iowa Department of Public Health and

Pottawattamie and Mills Counties. We have continually been providing substance abuse treatment services since the opening of these facilities over 30 years ago.

The agency operates seven locations in the southwestern Iowa region and a demonstrated presence in Pottawattamie County community. Heartland Family Service is committed to serving Pottawattamie County residents and those in surrounding rural counties in southwestern Iowa. Our services also include distance treatment options.

Over the last five years Heartland Family Service provided 5,523 Iowa residents with substance abuse assessments and individualized treatment. In addition to this outpatient treatment, Heartland Family Service also provides intensive outpatient treatment, residential treatment and half-way house services. All the agency's licensed therapists are familiar with Iowa state regulations and reporting requirements related to substance abuse treatment services, and are also knowledgeable about the community resources available to assist clients that may need assistance in a multitude of areas in their lives.

3.2.5.1.3 Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

Heartland Family Service operates distinct, but interrelated programs that provide services to a broad segment of southwestern Iowa. The agency avoids duplicating services provided by other agencies by collaborating with them and locating programs and services in under-served areas of our community. Heartland Family Service delivers services 24 hours a day, every day of the year. The agency offers mental health and crisis oriented services to individuals and families through these program areas:

- Professional Mental Health Counseling – outpatient guidance for parent/child problems, couples relationships, depression, anxiety, stress, co-occurring disorders, and has available specialists in geriatrics, domestic abuse, divorce and remarriage.
- Mental Health Crisis Response Services – 24/7 response available to provide a brief screening and assessment to avert crisis and psychiatric placement or detention with referral to community based services and follow-up services provided.
- Psychiatric and Psychological Services – psychiatric assessment and psychological testing services and medication management services for outpatient clients.
- Substance Abuse Treatment – ASI standardized model based assessment, Matrix Model individual and group outpatient treatment for adults and youth facing addiction to alcohol and/or drugs. We provide outpatient, intensive outpatient, residential, half-way house treatment levels.
- Methadone Management – our agency subcontracts with an Omaha-based provider of methadone management and maintenance for opioid addictions.
- Compulsive Gambling Treatment – comprehensive services to help gambling addicted clients understand their addiction and practice harm reduction.
- Family and Youth Therapeutic Services – we offer onsite assessment and referrals to child care facilities and services to families at risk of losing custody of their children via assessments and therapy to address underlying behavioral health issues affecting the family dynamic.

3.2.5.1.4 Description of all contracts and projects currently undertaken by the bidder. Descriptions of similar services (above) do not need to be repeated again in this section.

Heartland Family Service has over 55 programs with multiple contracts in the areas of substance abuse and gambling treatment, counseling services, juvenile services, mental health services, homeless services, domestic violence shelter and services, therapeutic school, school services, child welfare services,

community services, and emergency services. We have contracts with local, city, state, and federal government, as well as private and corporate foundations and donors.

Currently, contracts and projects undertaken by Heartland Family Service include:

- Substance Abuse Treatment Services with funding from the State of Iowa through Magellan Health Services.
- Mental Health Crisis Response Team with funding from the Southwest Iowa MHDS Region.
- Mental Health Service Provider for the Southwest Iowa MHDS Region.
- Integrated Health Home Service Provider for the southwest area of the State of Iowa through Magellan Behavioral Health.
- Gambling Treatment Provider for the Iowa Department of Public Health Region 9.
- Therapeutic School services for children with mental health diagnoses contracted with the Council Bluffs Community School District and the Green Hills Area Education Agency.
- Assertive Community Treatment Program for persons with severe and persistent mental illness funded by Iowa Medicaid and Pottawattamie County.
- Mental Health Services for the 4th Judicial Drug Court in the State of Iowa.
- Iowa Family Works residential substance abuse treatment facility for mothers with children funded by Iowa Medicaid and private foundations.
- Substance Abuse Prevention services funded by the federal Substance Abuse and Mental Health Services Administration through a Drug-Free Communities grant, administered by HFS on behalf of Partners for Meth Prevention.
- Nebraska Family Works residential substance abuse treatment facility for mothers with children funded by Nebraska Medicaid, private foundations and Region 6 Behavioral Healthcare.
- Substance Abuse Treatment Services with funding from Region 6 Behavioral Healthcare and the state of Nebraska Medicaid.
- Mental Health Services with funding from Region 6 Behavioral Healthcare and the state of Nebraska Medicaid, Medicare and various insurance providers.
- Better Together community-based treatment program for families with children, a partnership with Nebraska Department of Health and Human Services and Nebraska Families Collaborative, with funding from the Administration for Children and Families.

3.2.5.1.5 Letters of reference from three (3) of the bidder's previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the State, or who have been employed by the State in the past 5 years, are not eligible to be references.

Please see the attached three (3) letters of reference.

3.2.5.1.6 Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

Heartland Family Service has routinely managed subcontractors in a variety of performance capacities for over forty years. We currently subcontract with BART to provide Methadone Maintenance services for our Iowa clients and have contracted with them continuously for the last five years. We monitor this subcontractor regularly as per our policy attached below.

Please see the attached policy related to the management of subcontractors.

3.2.5.1.7 Documentation of accreditation, licensure and non-profit status as required by the Bidder Eligibility Requirements of this RFP (see RFP Bidder Eligibility Requirements Section). The Bidder shall identify any pending accreditation or licensure applications.

Please see the attached required documentation, including:

- HFS IRS non-profit status letter
- COA Accreditation Certificate
- State of Iowa Substance Abuse Treatment licensure

3.2.5.2 Personnel. The bidder shall provide the following information regarding personnel:

3.2.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables:

- One showing overall operations
- One showing staff who will provide services under the RFP

Please see the attached Heartland Family Service organizational chart and the chart for Iowa Behavioral Health Services.

3.2.5.2.2 Names and Credentials of Key Corporate Personnel.

- Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.

The following four key individuals represent the executives of our organization:

1. John H. Jeanetta, MSW, MBA, President and CEO, oversees the agency and reports to the Board of Directors.
 2. Mary O'Neill, BS, Interim Chief Program Officer, oversees program management and reports to the CEO.
 3. Kristine Hull, MBA, CPA, CGMA, Chief Financial Officer, oversees financial management and reports to the CEO.
 4. Kerry Wiles, LIMHP, MSW, Clinical Director, oversees the therapeutic services offered by our agency and will oversee the administration of therapeutic services as described in this proposal.
- Include names of the current board of directors, or names of all partners, as applicable. The table of organization should designate if board members identify as individuals with lived experience of mental illness, individuals who identify as being in recovery, consumers of behavioral health services, or family members of individuals in any of these categories. The table of organization shall identify the percentage of board members who identify as family members of individuals served by the CCBHC, individuals receiving services through the CCBHC, and individuals in recovery from behavioral health conditions.

The following is a list of our current board of directors. Their role is outlined in the previously attached organizational chart and percentages of board members who have lived experience or have family members served by CCBHC are designated therein.

1. Ray Aranza, Marks Clare & Richards, LLC
2. Barb Bergmeier, Mutual of Omaha

3. Brendan Bishop, Hilcrest Health Services
4. Joyce Cooper, OPPD
5. Melissa Crawford, Physicians Mutual Insurance – VICE CHAIR
6. Danielle Crough, Silverstone Group
7. Jisella Dolan, Home Instead Senior Care
8. Brad Eckhoff, Pinnacle Bank
9. Tom Frette, Nebraska Medical Center
10. Carol Gendler, Community Volunteer – ASSISTANT SECRETARY
11. Thomas Gomez, TS Bank
12. Mary Heistand, Nustyle Development
13. Marcos Hernandez, US Bank
14. Megan Holtorf, American National Bank – TREASURER
15. Kirk Hulett, Securities America Financial Corp
16. Margie Johnson, SAC Federal Credit Union
17. Thomas McClung, The Growth Coach
18. Cindy Oelke, The Steier Group
19. Paul Rabinovitz, PMRi LLC
20. Josh Render, Kiewit Building Group, Inc.
21. Abe Schlott, Warren Distribution, Inc.
22. Cortney Sells, The Firm Business Brokerage
23. Sheri Shonka, Public Risk Management, Inc.
24. Gerard Stanley, Jr., Sculpt: Contemporary Cosmetic Surgery
25. Jack Struyk, Jr., Lockton Companies – CHAIR
26. David Warren, First National Bank of Omaha
27. Jeanette Washington, Salem Baptist Church
28. Paula Wells, The Wells Resource LLC – SECRETARY
29. Janet Whitson, Nebraska Blue Cross Blue Shield

- Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers

Please see the attached resumes of the following key personnel who will be involved in this project:

1. John Jeanetta, CEO
2. Kristine Hull, CFO
3. Mary O'Neill, CPO
4. Kerry Wiles
5. Shannon Mahnke
6. Sharon Heckathorn
7. Dan Messina
8. Becky Meline
9. Emily Rosenberger
10. Jenny Stewart
11. Mindy Blair
12. Rebecca Hood-Kjeldgaard

3.2.5.2.3 Information About Project Manager and Key Project Personnel.

- Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the bidder is selected as the successful bidder. Resumes should not include social security numbers.

Shannon Mahnke will be the project manager for the proposed project. Her resume was previously included in those above in section 3.2.5.2.2.

Additional key project personnel include: Kerry Wiles (Clinical Director), Sharon Heckathorn (Associate Clinical Director), Rebecca Hood-Kjeldgaard (Clinical Supervisor), Dan Messina (Clinical Supervisor), Becky Meline, (Clinical Supervisor), Emily Rosenberger (Program Director IHH), Jenny Stewart (Program Director, Crisis Response Team), Mindy Blair (Program Director, ACT).

- Include the project manager's experience managing subcontractor staff if the bidder proposes to use subcontractors.

Ms. Mahnke has several years experience managing subcontractors. She currently manages our contract agreement with BAART for methadone services, as well as Visiting Nurses Association for medical screenings done at our residential facilities and our contract with Red Dot Marketing and many others. Per our attached Contracts Policy, to ensure compliance with the various subcontractors that she manages, Ms. Mahnke audits files to review their compliance with state and licensure regulations and ensure that contract requirements are met. Her oversight includes rate negotiation, contract development and timeline and objectives creation and review.

- Include the percentage of time the project manager and key project personnel will devote to this project on a monthly basis.

33% of Ms. Mahnke's time will be devoted to this project, or 54 hours on a monthly basis.

3.2.5.3 Financial Statements.

The bidder shall submit single audits for the last three (3) years. If not available, the bidder shall submit audited financial statements from independent auditors. Entities not required to have audited financial statements may submit CPA-prepared unaudited financial statements.

Please see the attached audits for 2014, 2013 and 2012. Our 2015 financial statements are currently being finalized. When they are available, we will provide a copy. These are included as the separate Financial Proposal and per the guidelines of the RFP, we are included 1 original and 1 copy only.

3.2.5.4 Termination, Litigation, and Investigation.

Bid Proposals must indicate whether any of the following conditions have been applicable to the bidder, or a holding company, parent company, subsidiary, or intermediary company of the bidder during the past five (5) years. If any of the following conditions are applicable, then the bidder shall state the details of the occurrence. If none of these conditions is applicable to the bidder, the bidder shall so indicate.

- List any contract for services that the bidder has had that was terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions.

Heartland Family Service entered into a sub-award contract in 2014 with the University of Maryland to work with Legacy Corps Volunteers to provide respite services to military families. As we entered the project, it became apparent that there would be financial shortfalls in the administration of the project, and there were barriers to recruiting the volunteers. We contacted the University and let them know of the challenges, and discontinued our agreement with them with 30 days notice, as our contract allowed. No funds were drawn on the contract.

Heartland Family Service also terminated contracts with the states of Nebraska and Iowa for the provision of Tracker services, whereby agency staff would monitor youth electronically and via face to face contract for referred by the states' criminal justice systems. Both of these programs were terminated before completion of all obligations because the funding reimbursements changed and the agency could not financially sustain the programs. For both contracts, Heartland Family Service continued to perform services for any active cases that the state requested, until those cases were closed out. In both cases, Heartland Family Service gave the contracted entities 30 days notice as agreed upon per the contracts.

- List any occurrences where the bidder has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, address, and telephone number.

Not applicable to Heartland Family Service.

- List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the bidder with the details of the occurrence.

Not applicable to Heartland Family Service.

- List and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP.

Not applicable to Heartland Family Service.

- List any irregularities that have been discovered in any of the accounts maintained by the bidder on behalf of others. Describe the circumstances of irregularities or variances and detail how the issues were resolved.

Not applicable to Heartland Family Service.

- List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

Not applicable to Heartland Family Service.



Lewis Central Community Schools

4121 Harry Langdon Blvd.

Council Bluffs, IA 51503

(712) 366-8202

www.lewiscentral.org

June 2, 2016

Suzanne Fross

Iowa Department of Human Services

Division of Mental Health and Disability Services

Hoover State Office Building, 5th Floor

1305 E. Walnut St.

Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of reference for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. They currently provide children's mental health services and therapeutic services in the Lewis Central School district. They also provide mental health services for children and families through their Child and Family Center. HFS also provides Mental Health Crisis Response Team services, Assertive Community Treatment services, Integrated Health Home services. HFS has been an active member of the local Substance Abuse and Mental Health Network and has helped the community to address demonstrated needs in behavioral health.

Laurie Thies, Director of Special Populations

Lewis Central Schools

1605 E South Omaha Bridge Rd.

Council Bluffs, IA 51503

712-366-8311

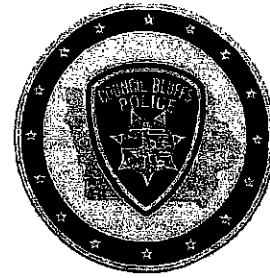
LThies@lewiscentral.org

A Proud Past... A Promising Future

COUNCIL BLUFFS POLICE DEPARTMENT

Captain Todd Weddum
Uniform Division Commander
227 South 6th Street
Council Bluffs, IA 51503

Office Phone: (712) 328-4729
Fax: (712) 328-4733
taweddum@councilbluffs-ia.gov



June 6, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of reference for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. They currently provide Mental Health Court services, mental health therapy service, Mental Health Crisis Response Team services, Assertive Community Treatment services, Integrated Health Home services and additional services in Pottawattamie County and the surrounding area. HFS has been an active member of the local Substance Abuse and Mental Health Network since its inception.

A handwritten signature in black ink, appearing to read "T. Weddum", is written over a horizontal line.

Captain Todd A. Weddum
Council Bluffs Police Department

COUNCIL BLUFFS POLICE DEPARTMENT – 227 SOUTH 6TH STREET, COUNCIL BLUFFS, IA 51503
"An Equal Opportunity Employer"



515 5th Avenue, Room 113
Council Bluffs, Iowa 51503
ph: 712-328-5645 • fax: 712-328-5668

June 8, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

I am writing to provide a letter of reference for Heartland Family Service in their proposal to be a Certified Community Behavioral Health Clinic (CCBHC). Heartland Family Service (HFS) has provided mental health services in Pottawattamie County and southwest Iowa for many years. They currently provide Mental Health Court services, mental health therapy service, Mental Health Crisis Response Team services, Assertive Community Treatment services, Integrated Health Home services and additional services in Pottawattamie County and the surrounding area. HFS has been an active member of the local Substance Abuse and Mental Health Network since its inception. They are very invested in the SWIA MHDS Region as we expand and enhance services.

A handwritten signature in cursive script that reads "Suzanne M. Watson".

Suzanne Watson, CEO
Southwest Iowa Region – Mental Health and Disability Services
515 5th Avenue, Room 113
Council Bluffs, IA 51503
712-325-5645
suzanne.watson@pottcounty-ia.gov

5 West 7th
Atlantic, Iowa 50022
712-243-4424

414 Clay Street
P.O. Box 540
Sidney, Iowa 51652
712-374-3075

105 Coolbaugh Street
P.O. Box 469
Red Oak, Iowa 51566
712-623-6541

112 East Main
Clarinda, Iowa 51632
712-542-2983

719 Market Street
Harlan, Iowa 51537
712-755-2843

**HEARTLAND FAMILY SERVICE
GENERAL POLICIES AND PROCEDURES**

SUBJECT: CONTRACTS, SERVICE AGREEMENTS, MEMORANDUMS OF UNDERSTANDING, & INDEPENDENT CONTRACTORS

Reviewed by Program Directors: 5/21/15
Reviewed by Leadership Team: 5/19/15
Reviewed by Agency Attorney: 5/24/11
Approved by Finance Committee: 5/28/15
Approved by Board of Directors: 5/28/15

POLICY: All Heartland Family Service contracts including service agreements, memorandums of understanding (MOU's), and independent contractors are carefully monitored and reviewed with regard to Heartland Family Service policies and procedures, HIPAA regulations, and Internal Revenue Service requirements.

- PROCEDURES:** Contracts, MOU's, & Service Agreements (Including Independent Contractors)
- 1) All HFS initiated contracts will follow a format developed by Heartland Family Service attorneys and signed by both parties. The contract is to be approved and signed by the President/CEO or CFO.
 - 2) It is the responsibility of the Vice Presidents and/or Program Directors to send copies of all contracts to the CFO and the CSO and to keep a copy at the office where the service is performed. If contractors will have access to confidential material, a consent form must be signed and kept on file with the contract. If contractors have access to protected health information (PHI) and fall under HIPAA regulations, approved "Business Associate" language must be included in the contract. The CFO will retain copies of all contracts and enter them into the HFS Contractor Grid.
 - 3) The Service Delivery and Contract Compliance Committee will review new contracts involving the delivery of direct services, preferably prior to services being offered. The Service Delivery and Contract Compliance Committee may review other existing contracts as deemed necessary and initiate a "Grant/Contract Kick Off Meeting" if the contract involves a major initiative.
 - 4) It is the responsibility of Vice Presidents and/or Program Directors to obtain reference checks, ascertain the ability of the contractor to perform the required duties and insure that adequate insurance liability is in place. This includes checking on required credentials and filling out the Supplemental Questionnaire where applicable. The CSO will conduct a background check against the Federal Excluded Parties List.
 - 5) It is the responsibility of Vice Presidents and/or Program Directors to monitor the performance of all contracts on an on-going basis to assure that all services are of the highest quality, and to make the decision to retain or remove the contractor. On a yearly basis, the Evaluation of Independent Contractors Providing Direct Service form will be sent out by the Internal Care Monitoring QIT to all active, applicable contracts on the Contractor Grid. The Supplemental Questionnaire must also be filled out and signed annually where applicable. Originals of all forms must be maintained by the Program Director with copies sent to the CFO. For contractors and sub award recipients that mandate closer scrutiny, HFS will review findings with their Vice President to determine further actions required.
 - 6) For sub recipients of federal grants, HFS will also monitor that appropriate audit requirements and sub-award conditions are met and annually assess the subrecipient's risk of noncompliance. Subcontractor monitoring can take on various forms, including:
 - a. Reviewing financial and performance reports submitted by the subcontractor.
 - b. Site visits at the subcontractor's location to review financial and programmatic records and operations.

- c. Regular contacts with the subcontractor and appropriate inquiries concerning program activities.
 - d. Audit of consumer satisfaction.
 - e. Review of previous audits and results of any awarding agency monitoring.
- 7) The President & CEO or CFO must review all decisions not to retain a current contractor.

Required Fiscal Information for Contracts and Independent Contractors

- 1) The Federal ID # or Social Security # is obtained prior to releasing the first check and forwarded to the HFS Accountant.
- 2) Internal Revenue regulations are reviewed annually by the HFS Accountant to be aware of changes and to ensure compliance.
- 3) Independent contractors are set up as 1099 reportable vendors in MAS 90 in order to track all payments. Payments processed through the Capital Fund Account or other accounts must be provided to the HFS Accountant along with the above information so 1099's can be filed.
- 4) 1099 forms are mailed by January 31st per IRS regulations. Federal form 1096 is mailed by February 28th per IRS regulations.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364843
Feb. 24, 2015 LTR 4168C 0
47-0390618 000000 00

00024350
BODC: TE

HEARTLAND FAMILY SERVICE
2101 S 42ND ST 3RD FLR
OMAHA NE 68105

042741

Employer Identification Number: 47-0390618
Person to Contact: Mrs. Towe
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 12, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1943.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248364843
Feb. 24, 2015 LTR 4168C 0
47-0390618 000000 00
00024351

HEARTLAND FAMILY SERVICE
2101 S 42ND ST 3RD FLR
OMAHA NE 68105

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1



COUNCIL ON ACCREDITATION

Attests That

**Heartland Family Service
Omaha, NE**

Is

ACCREDITED

Achieving the Highest Standards of Professional Practice for the Services It Provides

Accredited Through

12/31/2019

State of Iowa

CERTIFICATE OF LICENSE

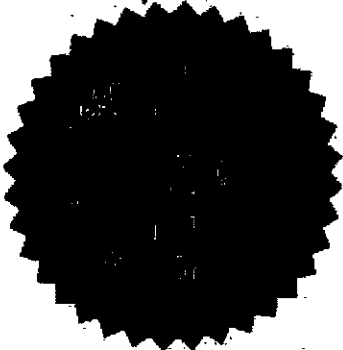
SUBSTANCE USE DISORDER AND PROBLEM GAMBLING

License No: 1322

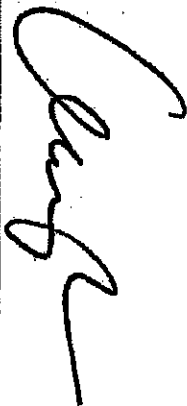
Issue Date: April 13, 2016

THIS IS TO CERTIFY that Heartland Family Service located at 515 E. Broadway, Council Bluffs, county of Pottawattamie, State of Iowa has given evidence of having complied with all the requirements of Iowa Code, Chapter 125 and Iowa Code 135.150, to conduct and maintain Adult Levels I, II.1, III.1, III.3, III.5; and Juvenile Levels I and II.1 Substance Use Disorder Treatment; Opioid Treatment and Problem Gambling Treatment Services. THIS LICENSE shall be subject to revocation for failure to comply with the rules and regulations promulgated under this law and shall be effective December 31, 2015 to December 31, 2018.

CHAIRPERSON
STATE BOARD OF HEALTH SUBSTANCE ABUSE
PROBLEM GAMBLING PROGRAM COMMITTEE

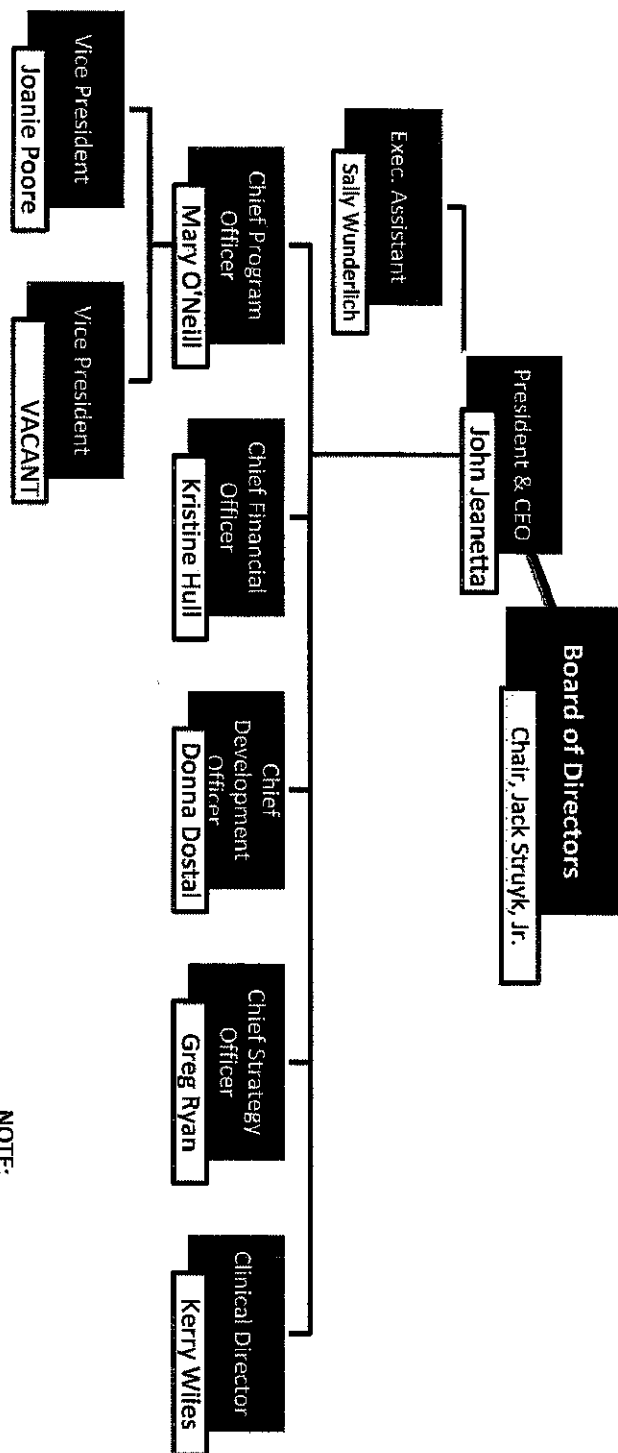


DIRECTOR
IOWA DEPARTMENT OF PUBLIC HEALTH



HEARTLAND family service *Good works.*

Organizational Chart 2016



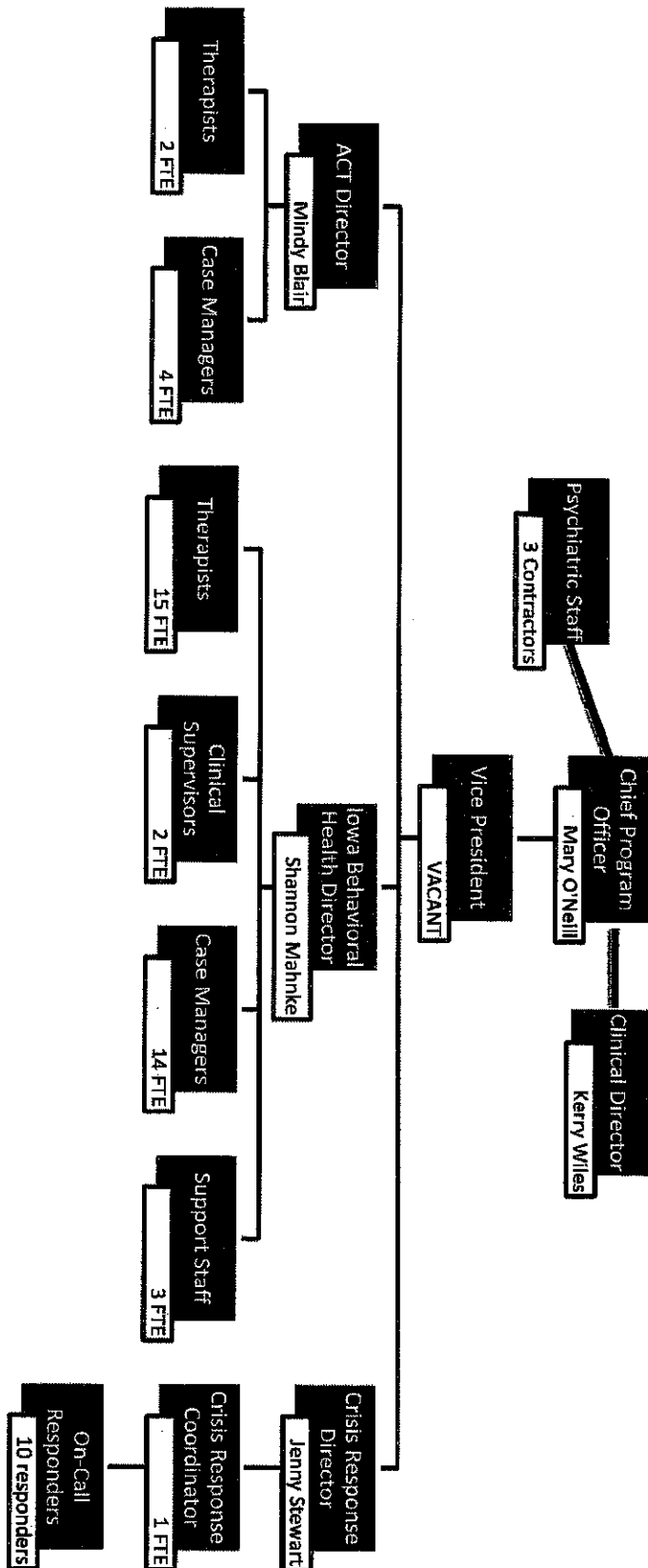
NOTE:

26% of Board identifies and
having lived experience
36% of Board identifies as having
family with lived experience

HEARTLAND family service

Good works.

Iowa Behavioral Health Program Organization Chart 2016



John H. Jeanetta

3404 Rahn Boulevard
Bellevue, NE 68123

H 402.291.5515

C 402.505.0548

john.jeanetta@gmail.com

EXPERIENCE

President & CEO, Heartland Family Service, Omaha, NE — 2009-Present

- Oversee and administer all agency programs; preserve and protect the corporation's status, property and business interests, provide initiative, leadership and vision in planning, development, and implementation of agency programs and objectives.
- Cultivate and develop relationships with major donors, foundations, and area businesses.
- Provide leadership in developing the agency's public profile and communicating its mission and services to the community.
- Advise and assist the Board of Directors on organizational issues and policy planning.
- Oversee the budget and ensure positive, effective relationships with the United Way and other funders.
- To date, have achieved the following financial outcomes: increased the annual operating budget 38.3% to \$24M, grew the total assets of the agency by 89.6% to \$38M, and increased the agency's endowment by 95.6% to \$6M.
- Completed two capital projects totaling \$33M and requiring \$12.5M of private funding and \$20.5 in tax financing, such as Low-income Housing Tax Credits, New Market Tax Credits, and Historic Tax Credits.

Vice President of Organizational Development, AIM Institute, Omaha, NE — 2000-2009

- Developed and implemented strategic planning efforts.
- Created and implemented organizational development activities and succession planning.
- Conducted applied research of members' needs, analyzing and disseminating the results.
- Developed and implemented highly visible special projects aligned with AIM's mission, such as the AIM IT Leadership Academy.
- Built and coordinated educational and community-based partnerships and programming, including the development of a prototype credential and credentialing system for out-of-school youth (funded by the W.K. Kellogg Foundation) to serve as a valued alternative to the GED and the high school diploma.
- Directed the Midwest Center for Information Technology, a National Science Foundation-funded regional center of excellence involving a partnership of ten community colleges in Iowa, Nebraska, North Dakota, and South Dakota.
- Secured \$60 million in grants and contracts for AIM and its members.

Director of Development, Metropolitan Community College, Omaha, NE — 1997-2000

- Supervised the development and management of all institutional grants and contracts, including the initiation and monitoring of all subcontracts. Secured nearly \$6 million, with an 88% funding rate, during the last year in this position.
- Identified and established positive relationships with potential funding sources.
- Directed development efforts for the Metropolitan Community College Foundation.
- Secured the first Omaha Award grant (funded by Suzanne and Walter Scott) and subsequently developed and implemented the Omaha Career Network, a business/education partnership designed to address the community's labor availability challenges.

Project Manager, Omaha Job Clearinghouse, Omaha, NE — 1994-1997; 1991-1992

- Directed the development and implementation of a school-to-career system (housed at Metropolitan Community College), assisting secondary students with successful transition from high school to college and/or high wage/high skill employment.
- Managed an annual budget of \$1 million and supervised 13 staff.
- Wrote grants for local, state, and federal funding, securing nearly \$1.5 million in funds for the partnership.

Community Relations Coordinator, University of Nebraska Medical Center, Omaha, NE — 1993-1994

- Designed a comprehensive community relations plan to enhance public relations, support the mission of UNMC, and build a healthy community.
- Supervised all special events for the Chancellor's Unit, as well as campus tours, docent training, and Adopt-a-School activities.
- Served as the liaison between community organizations and UNMC.
- One of 40 staff selected by the Chancellor to participate in the first UNMC Leadership Institute.

Assistant Director of Tribal Health, Ponca Tribe of Nebraska, Omaha, NE — 1992-1993

- Developed and implemented management infrastructure for newly restored Native American tribe.
- Created tribal health centers in Omaha, Norfolk, and Lincoln.
- Secured grants, administered a \$1 million budget, and supervised 13 staff.

Community Development Officer, U.S. Peace Corps, Belize, Central America — 1987-1989

- Conducted community development training programs for rural Belizeans.
- Secured grant funding from the U.S. Agency for International Development and completed a water sanitation project in host village.
- Developed the highest level of Spanish proficiency in training group.
- Elected president of the Volunteer Advisory Council.

EDUCATION

University of Nebraska-Lincoln/Gallup University — Master of Business Administration, 2007

4.00 G.P.A., Dean's List

Columbia University in the City of New York — Master of Science in Social Work, 1991

4.00 G.P.A., One of ten students selected to receive the prestigious Dean's Award

University of Nebraska at Omaha — Master's Specialization Certification in Gerontology, 1987

4.00 G.P.A., Dean's List

University of Nebraska-Lincoln — Bachelor of Science in Social Work, 1985

3.85 G.P.A., Dean's List, Magna Cum Laude

MEMBERSHIPS

- Mental Health Partnership for Better Outcomes, Leadership Committee, 2015 - Present
- Nebraska Families Collaborative, Board of Directors, 2015 - Present
- Nonprofit Association of the Midlands, Board of Directors, 2014 - Present
- Leadership Council Bluffs, Class 26, 2014
- Vistage International, Chief Executive Officer Board 4081, 2013 - Present
- Business Ethics Alliance, Trustee, 2013 - Present
- TeamMates Council Bluffs, Mentor, 2008 - Present
- Nonprofit Executive Institute, Class 2, 2008
- U.S.-Ukraine Foundation, Board of Advisors, 2002-Present
- Leadership Omaha, Class 19, 1997

SKILLS

- Read, write, and speak Spanish (intermediate proficiency); learning Russian and Ukrainian.
- Advanced proficiency in a variety of software in both PC and Mac platforms, including word processing, spreadsheets, database, presentation, and graphics applications.
- Extensive experience working with diverse groups of people.
- Experienced adult educator; taught Human Relations Skills and Introduction to Social Welfare at Metropolitan Community College and the University of Nebraska at Omaha.

HONORS

- Rotary International Foundation's District Service Award, 2003
- Omaha Junior Chamber of Commerce's Distinguished Service Award, 1997
- Omaha Junior Chamber of Commerce's Ten Outstanding Young Omahans Award, 1997

Kristine Hull, CPA, CGMA

- Experience:** Chief Financial Officer, Heartland Family Service, August 2013 – Present
- Manage Finance, Human Relations, and Maintenance functions
 - Forecast, analyze, and budget for \$23 million of operations
- Director of Finance, Omaha Performing Arts, March 2008 – August 2013
- Managed Finance, Food Service, and Retail departments
 - Initiated operational improvements for Food Service department, results have grown to over \$1 million in revenue
 - Forecasted and analyzed consolidated results of \$18 million
- Adjunct Faculty, Creighton University, January 2011 – May 2011
- Associate III, Seim Johnson, January 2006 – March 2008
- Provided complex tax services for individuals, private corporations, nonprofit corporations, and trusts
 - Conducted and in-charged financial statement audits and reviews, specializing in nonprofit organizations
- Graduate Assistant, Creighton University, July 2004 – January 2006
- Developed online Certified Information Systems Auditor course
 - Edited *Risks, Controls, and Security: Concepts and Applications* (text authored by Dr. Vasant Raval and Ashok Fichadia)
- Analyst – Reporting, Union Pacific Railroad, June 2003 – August 2004
- Designed financial presentations for CFO and COO
 - Budgeted, tracked, and initiated cost savings in various accounts with annual expenses of up to \$50 million
- Civic:** Current: President, Nebraska AIDS Project · Board of Directors, Inclusive Communities · Board of Directors, AICPA Board of Examiners · Women's Fund Circles · Women's Fund Finance Committee · Nonprofit Association of the Midlands Finance Committee · Past: Chair, Greater Omaha Young Professionals · Board of Directors, Greater Omaha Chamber
- Honors:** Ten Outstanding Young Omahans, 2010 · Leadership Omaha Class 32 Graduate · AICPA Leadership Academy, 2012
- Education:** Creighton University, Masters of Business Administration
- Publications:** University of Nebraska at Lincoln, BSBA, Highest Distinction
"Concept Mapping - A Learning Tool for the Information Systems Audit Profession," *Information Systems Control Journal*, vol. 3, 2004, p. 1-4

MARY O'NEILL

Present Address

2311 Mayfair Drive
Omaha, NE 68144
(402) 333-6554

CAREER OBJECTIVE

Seeking a position in the human service field which requires knowledge of supervision, grant management and program planning.

EDUCATION

B.A. The University of Iowa, Iowa City, Iowa, May 1987.
Major: Social Work
Minor: Sociology

M.A. The University of Iowa, Iowa City, Iowa, December 1995.
Major: Social Work

WORK EXPERIENCE

Heartland Family Service Interim Chief Program Officer, Omaha, Nebraska/Council Bluffs, Iowa
Provide program oversight of all Heartland Family Service Programs. Coordinate grant, program and budget activities along with Program Directors for all agency programs. Assist in the implementation of quality improvement initiatives within all programs. May 2016 to Present.

Heartland Family Service Vice-President Counseling and Prevention, Council Bluffs, Iowa/Omaha, Nebraska
Provide management, supervision and evaluation of assigned professional counseling and prevention programs. Assists in the development and maintenance of program budgets. Supervises implementation of day-to-day policies and procedures in behavioral health programming. July 2013 to May 2016.

Heartland Family Service Behavioral Health Program Director, Iowa Behavioral Health Director, Council Bluffs, Iowa
Responsible for multiple program supervision including staff oversight. Developed programs to provide services across behavioral health programming. Daily duties included grant management, budget oversight, and facility oversight. Attended legislative and community committee meetings. Implementation and oversight of COA and licensure standards across programs. Initiated ongoing communication with referral sources and funders. Conducted all program reporting and audits. April 2002 to July 2013.

Johnson County Director, HACAP (Hawkeye Area Community Action Program), Iowa City, Iowa
Coordinated HACAP's program operations in Johnson County, Iowa, one of HACAP's six service counties. Responsibilities included facility management, grant management, staff supervision, budget oversight, program supervision and community resource coordination. Program management included Head Start, Transitional Housing and LIHEAP. Conducted NAEYC Head Start center accreditation. Prepared and presented United Way funding applications. September 1995 to August 1998.

Inn-Circle Director, HACAP, Cedar Rapids, Iowa
Directed operations of a 44-unit housing program for homeless families. Carried out grant requirements of numerous federal, state and local funders. Convened interdisciplinary team of local service providers to oversee case planning for families. Supervised various positions. Conducted research project with outside firm to ensure program goal achievement. August 1994 to August 1995.

Head Start Homeless Coordinator, HACAP, Head Start, Cedar Rapids, Iowa

Coordinated activities related to federal grant. Maintained statistics, coordinated research, supervised staff, maintained grant reports and planned program operations. August 1991 to July 1994.

REACH Supervisor, HACAP, Head Start, Cedar Rapids, Iowa

Supervised home-base Head Start operations, supervised an Emergency Childcare Program as a child abuse prevention program. Responsibilities included staff supervision, program planning, grant reports and community resource planning. January 1989 to July 1991.

Head Start/Transitional Housing Counselor, HACAP, Head Start/Transitional Housing, Iowa City & Cedar Rapids, Iowa

Carried out social services component of Head Start and Transitional Housing programs. Worked with a team of various helping professionals. Conducted needs assessments and goal plans to assist families with personal, work, and education plans. Resource & referral, crisis management, communication and listening skills were utilized. January 1987 to January 1989.

REFERENCES

Available upon request.

PROFESSIONAL ORGANIZATIONS

Iowa Behavioral Health Association, Nebraska Behavioral Health Organization, Iowa Behavioral Health Network, Mental Health Substance Abuse Network

Kerry M. Wiles, LMHC, IADC, LIMHP

124 Castle Pine Drive
Papillion, NE 68133
(402) 216-3272

EDUCATION

Masters of Science degree conferred: August 2003

Concentration: Community Counseling
University of Nebraska at Omaha; Omaha, Nebraska
GPA: 4.0

Bachelor of Science degree conferred: May 2000

Concentration: Psychology/Sociology
Wayne State College; Wayne, Nebraska
GPA: 3.77

High School Diploma conferred: May 1996

CREDENTIALS

Licensed Mental Health Counselor, IA # 00930, 10/2005 to Present
International Alcohol and Drug Counselor, IA # 8058, 8/2008 to Present
Licensed Independent Mental Health Practitioner, NE #1098, 4/2013 to Present
Advanced Certified Alcohol and Drug Counselor, IA # 07052, 5/2007 to 8/2008
Certified Alcohol and Drug Counselor, IA # 06103, 2/2006 to 5/2007

EMPLOYMENT

July 2014-Present

Clinical Director

October 2009-July 2014

Associate Clinical Director

August 2007-October 2009

Assistant Clinical Supervisor

February 2004-August 2007

Therapist

Heartland Family Service, Council Bluffs, IA

Full-Time Employment

- Implement and provide Evidenced Based Practices throughout behavioral health programs
- Optimize effectiveness in the program and explore programmatic growth and change opportunities
- Provide clinical supervision to therapists regarding client cases
- Foster new clinicians through training and observation
- Evaluate clinical performance regarding client interaction and compliance with paperwork requirements
- Evaluate clients for appropriate level of treatment
- Provide quality customer service to client's and referral sources
- Coordinate with clients to develop and implement treatment plans
- Provide individual and group substance abuse and mental health treatment
- Participate in and lead Trauma Informed Culture Steering Committee 2013 to Present
- Participate in Record Review Quality Improvement 2005 to Present
- Participate on NiaTx and Star-SI Rapid Change Team 2006 to Present

INTERNSHIP/ EMPLOYMENT

April 2003-February 2004

Family Centered Worker

Family Connections, Inc, Council Bluffs, IA

Full-Time Employment

- Provide quality in home therapy to at risk children and their families
- Teach individual, parental, and familial skill building
- Offer supportive services as needed to at risk families
- Develop and implement client and family treatment plans

Kerry M. Wiles, LMHC, IADC, LIMHP

124 Castle Pine Drive
Papillion, NE 68133
(402) 216-3272

EVIDENCE BASED PRACTICES TRAINED IN AND IMPLEMENTED

Matrix Intensive Outpatient Treatment Program
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Parent Child Interaction Therapy (PCIT)
Cognitive Processing Therapy (CPT)
Eye Movement Desensitization and Reprocessing (EMDR)
Child Parent Psychotherapy (CPP)

PROFESSIONAL HONORS

2011 Outstanding Clinician, Addiction Professional Magazine
2006 Outstanding Team Performance

PRESENTATIONS

Gorman, T. & Wiles, K. (June 2013). Effectiveness of Cognitive Processing Therapy in the Treatment of Trauma in Addictions Clients. 2013 Midwest Conference on Problem Gambling and Substance Abuse. Kansas City, MO.

Wiles, K. (January 2016). Trauma Informed Care. *Trauma Informed Care*. Clarinda, IA.

Wiles, K. (February 2013) Trauma Informed Care. *Center for Alcohol and Drug Services, Inc.* Davenport, IA.

Wiles, K. (June 2013) Mental Health and Substance Abuse, Screening, Intervention and Referral. *Family, Inc.* Council Bluffs, IA.

Wiles, K. (March 2014) Trauma Informed Care. *Magellan*. Des Moines, IA.

Wiles, K. (July 2014) Trauma Informed Care. *Mental Health and Substance Abuse Network*. Council Bluffs, IA.

Wiles, K. (October 2012) Trauma Informed Care. *Women and Children's Program Roundtable, Magellan*. Des Moines, IA.

Wiles, K. & Gorman, T. (March 2014) Trauma & Addictions: Diagnostic & Treatment Issues in working with Individuals and Families. *South Central Kansas Problem Gambling Task Force Mini Conference*. Wichita, KS.

Wiles, K. & Gorman, T. (June 2013). Trauma-Why Must Addictions Therapists Treat It? 2013 Midwest Conference on Problem Gambling and Substance Abuse. Kansas City, MO.

Shannon Mahnke

8026 N. 150th Terrace • Bernington, NE 68007 • (402) 598-6082 • ryshamahnke@gmail.com

OBJECTIVE

Utilize my knowledge and experience with employee development to provide leadership, innovation, and support.

EDUCATION

Bellevue University, Bellevue, NE
Human Services-Individual and Community Services, Master of Science
August 2012
Bellevue University, Bellevue, NE
Human and Social Services Administration, Bachelor of Science
August 2004

WORK HISTORY

Heartland Family Service, Council Bluffs, IA
Iowa Behavioral Health Director, August 2013-Present
Program Director, Iowa Family Works, March 2009-July 2013

- Oversee day-to-day management of all aspects of outpatient and residential services including substance abuse, mental health, gambling, trauma and parent-child relationship therapies.
- Oversee facility, budget and personnel management, program development and implementation.
- Hire, train, supervise, monitor, and evaluate program staff.
- Provide positive leadership and modeling for program staff, and ensure that initial training as well as ongoing staff development occurs.
- Develop and implement a process for quality assurance and program evaluation that includes the necessary monitoring systems to ensure that program quality and integrity is being maintained.
- Complete necessary reports and collect data consistent with grant, contract, and agency requirements.
- Develop and update program policies, procedures and objectives.
- Market and educate legislators and the community about the benefits and cost savings of outpatient and family treatment.
- Collaborate and partner with the Department of Human Services, probation, hospitals, and other referral services.
- Participate in multiple quality improvement teams.
- Secure additional funding to provide for the program needs.
- Member of Leadership Council Bluffs Alumni, Iowa Behavioral Health Association, Promise Partners Coalition, KidsFirst Committee, Partners for Meth Prevention Coalition, Iowa Women and Children's Roundtable and Creating Cultures of Trauma Informed Care Steering Committee

Project Director, Integrated Treatment, January 2008 to March 2009

- Assume management responsibility of the Integrated Change Team; facilitate meetings, keep minutes and set agenda.
- Oversee grant activities to ensure grant goal and reporting completion.
- Use NIATx principles in all activities team and process.
- Identify all data sources, design data collection procedures and set major benchmarks for the project so results can be demonstrated.
- Lead all program, staff, and agency audit associated with the project.
- Identify the gaps, problems or barriers to delivery of integrated co-occurring disorder treatment.
- Coordinate the implementation of programmatic service changes to facilitate a "seamless system" of integrated treatment of co-occurring disorders.
- Assist team in increasing COD client engagement, retention, and favorable treatment outcomes.

Iowa Substance Abuse Case Manager, Women and Children Program,
September 2004-January 2008

- Provide direct intake/assessment to identify and effectively deal with client's presenting problems/barriers to successful completion of treatment
- Utilize community resources to effectively assist clients in addressing barriers
- Provide problem solving and crisis intervention services to empower clients to develop skills necessary for a healthy/drug free family living
- Develop strong rapport with community professional resources
- Established a Moms Off Meth support group and daycare for the Council Bluffs service area
- Member of Meth Quality Improvement Team, which entails developing best practices and strategies in the treatment of methamphetamine addiction
- Member of NIATx Team, which involves a rapid change process for the organization in improving client access and continuation in substance abuse treatment
- Assisted in developing and implementing teambuilding activities

Visinet, Incorporated, Omaha NE

Intensive Family Preservation Skill Builder, November 2002-September 2004

- Enhance parents' ability to create a safe, stable, and nurturing home environment by promoting healthy child development
- Provide, refer to, and coordinate services needed to achieve or maintain family safety, stability, independence, and unity
- Offer assessment, treatment, support, education, resource enhancement, and progress/discharge services through multiple weekly contacts to the client/family home
- Provide crisis intervention services

Community Treatment Aide, July 2001-March 2003

- Supplement outpatient mental health therapy
- Assistance in the attainment of the identified goals in the client's treatment plan
- Provide services in conjunction with the mental health professionals and facilitates team interaction between other household members, group home staff, and educational professionals

Lutheran Social Services-Beloit Residential Treatment Center, Ames, IA

Residential Counselor, August 1999-July 2001

- Supervisor of interns
- Attending to the daily needs of high risk children, ages 5-14 years old
- Experience using a variety of disciplinary techniques and strategies to maintain a consistent nurturing environment
- Communicating with parents, therapists, case workers, and schools concerning the child's well being
- Experience developing goals, treatment plans, and special programming to meet the needs of the individual
- Member of Operations Team Committee, which involves assisting in creating, planning, and implementing policies and procedures

McFarland Clinic, P.C., Ames, IA

Clerical Support Staff, July 1998-August 1999

- Responsible for filing and retrieving Title XIX claims
- Entering, correcting, and submitting Title XIX claims for patients
- General office clerical duties
- Customer service

Certifications/ Awards:

Midland's Business Journal 2013 Top 40 under 40 recipient

Graduate of Leadership Council Bluffs

Completed Internal Leadership Academy with Heartland Family Service

Certified Change Leader achieved through the NIATx Change Leader Academy

Mandatory Reporter

Sharon Heckathorn, MSW, LISW, IADC

2961 Martha St · Omaha, NE 68105 · 402-968-9148 · sharonheckathorn@gmail.com

SUMMARY OF QUALIFICATIONS

- Broad experience in providing intensive in-home support services and case management to at-risk clientele and families in crisis.
- Extensive supervisory experience in several different job roles. Supervised up to twenty people at one time.
- Excellent interpersonal and communication skills with clients and other professionals.
- Outstanding ability to maintain client files and documentation.

EDUCATION

Master of Arts in Social Work

University of Nebraska at Omaha, Omaha, NE

Bachelor of Arts in Social Work

Dordt College, Sioux Center, IA

EMPLOYMENT

Clinical Supervisor

November 2014- Present

Heartland Family Services

- Provided on going supervision to provisionally licensed therapists
- Reviewed drug and alcohol evaluations
- Provided crisis intervention and resolved client complaints
- Reviewed files and provided feedback about treatment plans
- Maintained a therapy caseload to keep up with clinical skills

Behavioral Health Therapist

April 2010- October 2013

Heartland Family Services

- Engage clients in individual and group therapy
- Perform drug and alcohol evaluations
- Develop and maintained treatment plans and progress notes
- Provide crisis intervention and safety planning
- Organized and maintained files
- Prepared reports for services referrals
- Document all contact with clients and collateral contacts

Youth Resource Center Manager

Sept/2009-March 2010

Visinet, Inc.

- Supervised a fourteen bed youth shelter
- Coordinated and developed relationships in the community with schools and other services
- Develop and maintained service plans and progress notes
- Provide crisis interventions and safety planning
- Provide on-call crisis intervention
- Organized and facilitated staff support and education
- Prepared weekly and monthly reports both internal and external to the agency
- Provided oversight to the program for day to day operations such as meal planning, staff scheduling, medication checks for compliance
- Document all contact with clients and collaterals

Foster Care Coordinator

Feb/2007 -Aug/2009

Visinet, Inc.

- Supervised a foster care program of two hundred youth
- Recruited and maintained support for foster families
- Coordinated group events for foster youth and families

- Coordinated and developed relationships in the community with schools and other services
- Provide therapy and case management to children and their families to facilitate safety, permanency, and well-being
- Reviewed daily documentation and service plans
- Helped foster parents find community resources for foster care youth
- Developed safety plans with families
- Provide on-call crisis intervention

Sharon Heckathorn Resume

Page 2

Foster Care Supervisor

Visinet, Inc.

Sept./2004 - Jan/2007

- Provided therapy and case management to children and their families to facilitate safety, permanency, and well-being
- Organized and facilitated case planning conferences
- Prepared monthly service plans
- Provided support to foster families and conducted home visits
- Helped foster parents find community resources for foster youth
- Develop safety plans with families
- Document all contact with clients and collaterals
- Provide on-call crisis intervention
- Provide family preservation and reintegration services
- Maintain working relationships/communication with community supports and services for youth upon discharge or reunification
- Complete case activity logs and all related documentation

Social Service Worker

Nebraska Health and Human Services

July/2000 - March/2004

- Process application for welfare services such as Medicaid, food stamps, and child care
- Provided additional community resources to applicants for housing, food, or medical needs

INTERNSHIP EXPERIENCE

Children's Hospital: *Eating Disorder Program(Omaha, NE)*

- Provided individual, group, and family therapy
- Performed discharge planning for patients and their families

Children's Reception Center: *Emergency Shelter and Medical Program (Chicago, IL)*

- Provided support and crisis intervention for youth
- Performed assessments of youth at intake

Daniel Messina
7710 Howell St
Omaha, NE 68122
402-397-7846

Objective: To further my career in mental health and substance counseling and utilize my experience and skill in a supervisory role.

Education: University of Nebraska at Lincoln: August 1995-May 1999
University of Nebraska-Omaha: August 1999-May 2001
Degree: B.A. in Sociology
Bellevue University: March 2007 (3.93 GPA)
Degree: Masters of Science in Human Service

Relevant Training: Completed training in gender specific trauma informed approach for both males and females. Numerous trainings related to trauma informed care.

Relevant Experience

03/15 to current Clinical Supervisor

- Conduct weekly supervision with identified current staff
- Identify areas of strength and areas to improve on for each staff member
- Provide feedback on therapist evaluations
- Help implement a self care plan with each staff member
- Conduct training with identified staff in new treatment model (Multi Dimensional Family Therapy)
- Train new staff members in policy and procedure of Heartland Family Service and guide through the new staff training plan
- Respond to questions and concerns brought forward by staff members
- Engage in supervision level meetings and provide feedback on program development
- Develop core supervision skills through my own supervision, reading of identified books and participation in Supervision 101
- Manage a caseload of substance abuse, mental health and pathological gambling clients ranging from adolescents to adults

08/06-03/15 Therapist III

- 9 years experience as therapist at the Heartland Family Service Council Bluffs office
- Utilize trauma informed treatment with individuals and groups
- Conduct male specific treatment model in groups and individual settings.
- Communicate advice, using this knowledge base, when problem solving challenging clients with colleagues
- Understanding of the day to day operations in the Council Bluffs office
- Abide by program and agency procedures, scheduling and attendance

- Manage a large caseload of substance abuse, mental health and pathological gambling clients meeting client needs and demands while balancing paperwork deadlines
- Developed clear understanding of services offered as I have worked with adolescents, adults, worked outside of the office at Lewis Central Middle School and High School as well as in Logan, Iowa. I have run numerous groups in all levels of treatment with both males and females.
- Support and facilitate learning of new staff members
- Effectively handle high need clients in a calm manner
- Developed and maintained professional relationships with all agency staff and referral sources such as probation officers and department of human service.
- Assist clients in development of treatment plan

Relevant Experience

09/01-08/06 Tracker-Heartland Family Service Central Office

- Supervise the street probation of juveniles ordered into intensive supervision by Office of Juvenile Services
- Monitor transition of juveniles back into parent/guardian home
- Maintain communication with juvenile's employer, school officials, and all agencies involved
- Cultivate effective relationships with juvenile's parents/guardians and siblings
- Mentor juveniles through daily face to face and phone contacts
- Provide crisis intervention
- Meet needs of juveniles and their family by being available 7 days a week at various hours.

Relevant Experience:

09/99-09/01 Youth Emergency Services Youth Street Outreach

- Work with Street Dependent Youth identifying areas of need
- Assist alternative populations such as homeless and runaway youth while in a non-traditional setting
- Build trust and working relationships with Street Dependent population
- Assess needs of youth and provide proper referrals
- Utilize knowledge of Omaha and Council Bluffs agencies that provide services to Street Dependent population
- Educate the public on YES programs and procedures through public speaking engagements.

Rebecca Meline

bmeline@heartlandfamilyservice.org
(402) 992-1867

16924 Larimore Ave.
Omaha, NE 68116

Licenses

Licensed Independent Social Worker (LISW)
Licensed Independent Mental Health Practitioner (LIMHP)
International Alcohol and Drug Counselor (IADC)

Education

MSW-Clinical Concentration
University of Nebraska at Omaha, Omaha, NE
August 2006-May 2009
GPA 3.9

Bachelor of Science – Psychology
Minor – Alcohol and Drug Abuse Studies
University of South Dakota, Vermillion, SD
August 2000-May 2004
Strong background in Business and Computer courses
○ South Dakota Athletic Scholarship 2000-2003
○ USD Dean's List 2003-2004

Experience

Clinical Supervisor
Heartland Family Services-Iowa Family Works & Child & Family Center
Council Bluffs, IA
August 2013-present
○ Supervise approximately 10 clinical therapists in compliance with their licensure standards as well as agency standards
○ Provide reflective consultation to supervisees in regards to their cases
○ Review files and paperwork as it relates to clients treatment
○ Review evaluations completed by supervisees and provide direction clinically
○ Provide training to staff in the area of clinical and administrative tasks

Co-occurring Therapist
Heartland Family Services
Council Bluffs, IA
July 2009-August 2013
○ Complete integrated evaluations on clients including substance abuse and mental health
○ Make recommendations for treatment based on professional judgment
○ Diagnose client's using the DSM-IV
○ Facilitate individual therapy sessions daily with clients utilizing research driven theories and evaluating their progress
○ Facilitate three therapy groups a week

Research Assistant (Graduate Assistant)
University of Nebraska Omaha
Omaha, NE
January 2008-May 2009
○ Searched current research articles on online databases for further study
○ Wrote articles in coordination with professor to be published in journals
○ Performed Developmental Assets testing of at-risk middle school students in Omaha

Experience, continued

Mental Health Technician
Human Services Center
Yankton, SD

July 2004 – August 2006

- Develop treatment plans for severely mentally ill patients
- Discuss goals and treatment progress with patients on daily basis
- Meet with treatment team weekly to evaluate progress and possible discharges
- Counsel mentally ill patients and record improvement
- Led substance abuse group of patients with co-morbidity issues

College / Community Activities

University of South Dakota Volleyball
2000-2004

- USD Female Athlete of the Year 2004
- NCC Conference Player of the Year 2003
- All Conference Selection 2002-2003
- Varsity Volleyball Letterman 2000-2003
- Four year starter
- Team Captain 2003

Head Varsity Volleyball Coach
Crofton High School
Crofton, NE

July 2005 – November 2005

- Create practice plans with specific goals and objectives
- Organized a Summer Camp and open gym for interested players
- Interact with volleyball players on a one-to-one basis as well as in team oriented groups to improve skills and attitudes

Community Activities

- Volunteered at fund raising activity to raise money and awareness of child victims of abuse
- Conducted individual volleyball lessons with youth in Omaha
- Volunteered at Shrine to Music Museum, Vermillion, SD
- Coached several youth volleyball camps

Skills

- Very competent with Microsoft Excel, PowerPoint, Word and internet
- Dependable worker with ability to learn quickly
- Demonstrated leadership abilities throughout athletic career
- Competitive personality with team-oriented goals in mind

Education:

B.S. (2012)

Bellevue University, Bellevue NE

Major: Behavioral Science

*Areas of Study: Psychopathological and Multicultural Perspectives,
Management in Human Services*

A.A. (2009)

Metropolitan Community College

Major: Liberal Arts

Areas of Study: Psychology, Spanish

Work Experience:

Director/Lead Care Coordinator /Engagement Specialist- Integrated Health Home -Heartland Family Service – April 2014 - Present

- Helped grow Integrated Health Home program from 0-250 by utilizing direct marketing and leveraging relationships with community providers.
- Coordinated with various agencies and hospitals to provide housing, care, medical/social services, and employment to enrolled client base.
- Participate in coordination at the state and local level to develop and implement new policies, procedures, and data resources into the Integrated Health Home Program.
- Developed unique and improved existing Excel databases to track and manage clientele prior to the launch of EHR within the program.
- Worked closely with the director to gain understanding of the budget to lead a direct marketing campaign which saw a positive return on investment within 90 days.

Housing Specialist, Heartland Family Service – November 2013 – April 2014

- Responsible for completion of client assessments/interviews
- Responsible for providing case management support and education to individuals and families experiencing a crisis.
- Coordinated with various agencies and hospitals to provide housing, care, medical/social services, and employment to enrolled client base.
- Provided follow up with clients and providers to ensure appropriate service delivery.

Senior Youth Care Worker, Boys Town – March 2012 –November 2014

- Managed and trained a staff of 12 in three separate community homes.
- Processed the intake and discharge of youth program participants
- Proficient in the use of the *Boys Town Model* to teach and monitor youth behaviors and skills while attending to their physical and emotional needs.
- Facilitated the building of positive relationships between youth and staff.

Related Skills

- Bilingual: Conversational Spanish
- *Working with Survivors of Trauma* instructor for Heartland Family Service's "From the Heart," Trauma Informed Care initiative.
- Competent in the five pillars of Trauma Informed Care
- Competent in various computer programs; generally first to master new implemented software.

Jenny A. Stewart, LMHC, IADC, LMHP, AFC

1324 N. Lenox Cir
Council Bluffs, IA 51503
(402) 889-6724

EDUCATION

Masters of Science degree conferred: August 2005

Concentration: Community Counseling

University of Nebraska at Omaha; Omaha, Nebraska

GPA: 3.868

Bachelor of Science degree conferred: August 2000

Concentration: Psychology

University of Nebraska at Omaha; Omaha, Nebraska

GPA: 3.299

High School Diploma conferred: May 1996

CREDENTIALS

Licensed Mental Health Counselor, IA #001260, 07/2013 to Present

International Alcohol and Drug Counselor, IA #10143, 11/2010 to Present

Licensed Mental Health Practitioner, NE #4195, 2/2013 to Present

Accredited Financial Counselor, #10094328, 12/03/2015 to Present

Certified Alcohol and Drug Counselor, IA #06168, 11/2006 to 11/2010

EMPLOYMENT

February 2013-Present

Crisis Response Services Director

February 2013-

Behavioral Health Finance Director

July 2009-February 2013

Assistant Behavioral Health

Coordinator/Ways to Work Director

July 2000-July 2009

Program Coordinator-Juvenile Justice

Heartland Family Service, Council Bluffs, IA Full-Time Employment

- Provides direct administrative and supervision of the staff providing crisis response services in Iowa and Nebraska
- Assumes the lead and oversees development and implementation of day-to-day policies and procedures for Crisis Response Services
- Responsible for grant/contract management to include coordination and delivery of services per grant/contract specifications, compliance with billing requirements, and compilation and submission of reports to funders
- Monitors program quality and prepares quarterly reports documenting key indicators and quality improvement plans
- Provides crisis intervention and assessment of clients for law enforcement, including juvenile probation. Determines client needs and makes recommendations and referrals to appropriate level of care
- Provides on site Critical Incident stress management and debriefing for agencies in the community.
- Serves as a liaison and maintains relationships with law enforcement agencies, hospital personnel, and other key community resources.
- Provides mental health training to law enforcement and key stakeholders.

INTERNSHIP/

September 2004-July 2005

Mental Health/Substance Abuse

Heartland Family Service

Council Bluffs, IA

- Provide quality therapy to individuals in need of mental health/substance abuse treatment
- Teach individual, parental, and familial skill building
- Offer supportive services as needed to at risk individuals and families
- Develop and implement client and family treatment plans

Mindy Blair

5618 Oak St. Omaha, NE 68106
mblair@heartlandfamilyservice.org
712-435-5358

Program Director

Assertive Community Treatment, Heartland Family Service

2006-Current

- Lead a multidisciplinary, community-based team working with adults with serious mental illness
- Provide clinical supervision, training, and mentoring to staff
- Demonstrate advanced clinical skills
- Coordinate with psychiatric and primary care providers
- Implemented new program components: Integrated Health Home and InSHAPE
- Manage budget of \$700,000, had a surplus at the end of the year for the past 5 years
- Positions also held on the team before advancement include Substance Abuse Specialist & Team Leader
- Grown program from 30 clients to current census of 70, increased staff from 4 FTE to 10 FTE

OnTrack of the Heartland, Heartland Family Service

2015-Current

- Lead agency for first episode pilot project
- Implemented OnTrackNY model
- Demonstrate advanced clinical skills

Mental Health Specialist, Assertive Community Treatment, Community Alliance

2001-2006

- Member of a multidisciplinary, community-based team working with adults with serious mental illness
- Provided case management, coping skills education, and symptom management
- Worked closely with Client Fund Representative for clients with payees

Presentations

- "Caring for our Communities", 5/2016, Iowa Governor's Conference on Aging and Disabilities. Des Moines, IA.
- "Understanding Schizophrenia", 9/2014 & 9/2012, Pottawattamie County Mental Health Substance Abuse Network. Council Bluffs, IA.
- "Development of an Integrated Health Home in an ACT Program: Peer Specialist Role in IHH/ACT", 10/2012, Iowa Mental Health Conference. Ames, IA.
- "Development of an Integrated Health Home in an ACT Program", 5/2012, Assertive Community Treatment Association Conference. Boston, MA.

Honors/Awards

- Outstanding Employee Performance, Heartland Family Service, 6/2014
- Outstanding Team Performance, Heartland Family Service, 10/2013

Mindy Blair

5618 Oak St. Omaha, NE 68106

mblair@heartlandfamilyservice.org

712-435-5358

- Good Works Leadership Academy, Heartland Family Service, 2011-2012

Education/Certification

- Master of Human Relations, University of Oklahoma, 12/2009
- Bachelor of Science, Psychology, Northwest Missouri State University, 5/1995
- Nebraska Provisional License Mental Health Practitioner
- Iowa Temporary License Mental Health Counselor
- Iowa Certified Alcohol and Drug Counselor, #07035, 5/2007
- Primary Behavioral Health Integrated Care Training Academy, Cherokee Health Systems, Knoxville, TN 5/2014
- NAMI Family to Family Facilitator, 2007

Rebecca Hood-Kjeldgaard
3032 10th Ave
Council Bluffs, IA 51501
Cell phone (402) 669-4635
Email: beckersh2@yahoo.com

Career Objective

To provide those who are dealing with stress, trauma, depression or anxiety to cope in healthier ways, as well as, to teach them techniques to help them feel empowered to live healthier.

Work Experience

01/2014 – Present

8/2015 – Present Clinical Supervisor 12/2014- 7/2015 Lead Therapist, 1/2014-12/2014 Therapist
Heartland Family Service- Central Office 2101 S. 42 Street Omaha, NE 68105

Supervise therapist who are fully licensed and those gaining licensure, monitor documentation and staffing cases. Manage the SYT-I grant for adolescents with substance use disorder. Determines whether client is appropriate for agency services, determines needed level of care, refers (internal or external) to appropriate level of care. Conducts comprehensive pre-treatment assessment, including 5 axis diagnostic impression and treatment recommendations. Establishes a treatment plan, with client participation, which specifies treatment structure, outcomes, goals and objectives; within first 2 sessions. Provides educational workshops, classes and presentations on family life and other related topics as assigned. Provides counseling to individuals, couples and families in group or individual settings, within the framework of treatment plan; monitors progress. Provides mental health crisis intervention as needed. Completes all case documentation for clinical.

01/2013 – Present

Adjunct Professor

Bellevue University- 1000 Galvin Road South Bellevue, NE 68005

I currently teach the on-line Bachelor courses for CAS program. I have also taught the Master's program when the need arises. I help facilitate discussions with the students about topics and provide instruction and correction for all work that is submitted.

01/2012 – 1/2014

Crisis Counseling Manager

Women's Center for Advancement – 222 S. 29th Street, Omaha, NE 68131 (402) 345-6555

Since working at the WCA I am responsible to supervise the provisionally licensed therapist as well as, the practicum and interns that come to our company. I provide short term crisis counseling for our clientele that specializes in domestic violence, sexual assault, human trafficking, and stalking. I provide both support group and therapeutic groups. While at the WCA I created both support groups for Domestic Violence and Sexual Assault and were able to have them run by trained volunteers or peer specialist. I also manage scheduling clients for both myself and those I supervise. I provide case consultation and reviews of charting. I have also provided support with teaching our Hotline volunteers in the areas of active listening, crisis intervention and compassion fatigue and self-care. I am responsible for insuring our program remains on budget and continued program development. I have also supervised interns and provided a teaching experience while at the WCA.

09/2011 – 12/2011

Therapist

Uta Halee/Ponca Pines - 10625 Calhoun Rd, Omaha, NE 68112 (402) 457-1399

I have been working with Uta Halee/Ponca Pines since September 2011. While with Uta Halee/Ponca Pines I have worked with their Intensive Outpatient Program/Day Program and with the Residential Therapeutic Boarding School. I have provided groups for these programs compiled of but not limited to coping skills, distorted thinking styles and relapse prevention. I have also provided family and individual therapy. This position has also required providing treatment plans for individuals and providing a pre-treatment assessment to be done in a timely fashion.

11/1999 - 09/2011

Program Therapist

Alegent Health - 415 S 25th Ave, Omaha, NE 68131 (402) 717-6947

I was a program therapist and have been since Dec. 2007. I am responsible for meeting with clients and their families. I am responsible for running group therapy daily. Along with educational groups when needed. I work with an interdisciplinary team to identify how best to work with the clients and to help empower them to live healthier lives. I am responsible for doing utilization reviews to get continued authorization for the clients on my unit. I help identify other services that might help with client recovery once out of the hospital. I provide family meetings or care meeting with other agencies when needed. When requested I have also done Chemical Dependency Evaluations. I am responsible to keep accurate charting on the computer for the clients I meet with. I am also responsible to update care plans as needed. Prior to being a therapist in 2007 I was a behavioral tech. at the RTC for children. My responsibilities there were to provide guidance and redirection for youth and teach appropriate social behaviors and accepting authority's decisions. I was also certified to pass medications. I supervised all youth activities, work with families and youth on better communication skills, responsible for leading groups on life skills, and responsible for completing documentation on youth. I was also a member of the patient care council which advocates for patient's needs and unit safety.

12/1998 - 11/1999

Resident Specialist

Youth Emergency Services - 2679 Farnam St, Omaha, NE 68131 (402) 345-5187

02/1996 - 12/1998

Customer Service Representative

FHC Options - 240 Corporate Blvd, Norfolk, VA 23502

09/1994 - 02/1996

Office Assistant

Vetter Health Services - 5010 S 118th Street, Omaha, NE 68137 (402) 895-3932

Education

- Graduated from Cheyenne Mountain High School - Colorado Springs, CO
- Completed 5 years studying Human Services at Metro Community College (Omaha, NE)
- BS from Bellevue University in Human Services and Social Services Admin (Bellevue, NE)
- MA from Grace University in Counseling (Omaha, NE)

Professional Memberships:

National Board for Certified Counselors – 3/13/2012 to 12/31/2017

Licensure:

Licensed Independent Mental Health Practitioner (LIMHP) #913

Mental Health Practitioner (LMHP) # 3602

Professional Counselor (LPC) # 1806

Licensed Mental Health Counselor IA (LMHC) #001487

CPR Certification # 490323 expires 9/20/2013

First Aid Certification #442106 expires 9/20/2014

References

Pegg Siemek-Asche

Lutheran Family Services

(402)889-8375

Sarah Scott

Alegent Health

(402) 208-4164

Sarah Voss

BeHaven Kids

(402) 669-4919